

ORIGINAL

MEMORANDUM OF UNDERSTANDING #6294
Consortium for
“Moving California Oral Health Forward 2022-2027”
For Contract # 22-10162 Between El Dorado County and Alpine County

THIS Memorandum of Understanding (MOU) is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and County of Alpine (hereinafter referred to as "Alpine"), a political subdivision of the State of California, who shall hereinafter collectively be referred to as "Parties."

RECITALS

WHEREAS, County, as the Local Health Jurisdiction (LHJ), operates a Local Oral Health Program (LOHP) and has applied for an agreement with the California Department of Public Health (CDPH), Office of Oral Health (OOH) to receive funding under “Moving California Oral Health Forward 2022-2027” to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products, and surveillance; and

WHEREAS, CDPH, Office of Oral Health (OOH) allows for one or more LHJ's to establish consortium(s) under consortium agreements to carry out activities and objectives outlined in the Moving California Oral Health Forward 2022-2027 grant; and

WHEREAS, Alpine and County desire to form a consortium for County to carry out the grant-supported objectives and activities for the eligible California residents of the Parties; and

WHEREAS, County will serve on behalf of Alpine pursuant to the implementation and evaluation of the Local Oral Health Program for Alpine, in which capacity County will perform all activities and services as stipulated in Articles and applicable provisions under Exhibits enclosed herein; and

WHEREAS, it is the intent of the Parties hereto that such services be in conformity with all applicable federal, state and local laws.

NOW, THEREFORE, the Parties mutually agree as follows:

ARTICLE I

- A. Scope of Services:** County will be the prime LHJ that will apply for and receive the funding from CDPH, OOH to plan, implement and evaluate local oral health programs (LOHP) activities for the Parties' eligible California residents. County will perform all the requirements of the "Moving California Oral Health Forward 2022-2027" funding agreement including providing appropriate oversight of all programmatic, financial, and administrative matters related to the agreement(s) to be issued by CDPH, OOH.
- B. Service Locations:** Eligible California residents of the Parties including the cities of Cameron Park 95682, Camino 95709, Cool 95614, El Dorado Hills 95762, Fairplay 95684, Garden Valley 95633, Georgetown 95634, Greenwood 95635, Kirkwood 95646, Kyburz 95720, Latrobe 95682, Markleeville 96120, Pilot Hill 95664, Pollock Pines 95726, Rescue 95672, Silverfork 95735, Somerset 95684, South Lake Tahoe 96150 and 96155, and Twin Bridges.
- C. Project Representatives:** The project representatives during the term of this MOU will be:

| County of El Dorado | County of Alpine |
|---|---|
| Kristin Becker, Program Manager 941 Spring Street Placerville, CA 95667 (530) 642-7132 kristin.becker@edcgov.us | Tim Streeper, Public Health Program Manager 75 A Diamond Valley Road Markleeville, CA 96120 (530) 694-1339 tstreeper@alpinecountyca.gov |

Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this MOU.

- D. Service Hours:** The services shall be provided during the respective party's normal business hours.

ARTICLE II

Term: This MOU shall become effective upon final execution by both Parties hereto and shall cover the period July 1, 2022 through June 30, 2027, unless terminated earlier pursuant to the provisions contained herein below in Article X, "Fiscal Considerations," or Article XII, "Termination or Cancellation Without Cause." If County's agreement with CDPH is terminated, this MOU automatically terminates.

ARTICLE III

Compensation for Services: There is no remuneration between the Parties.

ARTICLE IV

Audits:

The Parties agree that CDPH, the California Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this MOU. The Parties agree to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project, unless a longer period of records retention is stipulated. The Parties agree to allow the auditor(s), upon reasonable notice, access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Parties agree to include a similar right of the State to audit records and interview staff in any subcontract related to the project.

ARTICLE V

Nondiscrimination:

- A. The Parties shall comply with all applicable nondiscrimination statutes and regulations during the performance of this MOU including but not limited to the following: the Parties, their respective employees and representatives shall not unlawfully discriminate against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex; the Parties shall, unless exempt, comply with the applicable provisions of the Fair Employment and Housing Act (Government Code, Sections 12900 et seq.) and applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Sections 7285.0 et seq.); the applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations incorporated into this MOU by reference and made a part hereof as if set forth in full; and Title VI of the Civil Rights Act of 1964, as amended, the California Family Rights Act (Government Code Section 12945.2), the Unruh Civil Rights Act (California Civil Code, Division I, Part 2, Section 51, et seq), the Ralph Civil Rights Act (California Civil Code, Division I, Part 2, Section 51.7), the California Trafficking Victims Protection Act (California Civil Code, Division I, Part 2, Section 52.5), the Disabled Persons Act (California Civil Code, Division I, Part 2.5), and as applicable, Section 11135 et. seq., of the California Government Code, prohibiting discrimination in all state-funded programs. The Parties and their respective employees and representatives shall give written notice of their obligations under this clause as required by law.
- B. Where applicable, County shall include these nondiscrimination and compliance provisions in any of its agreements that affect or are related to the services performed herein.

ARTICLE VI

Changes to MOU: This MOU may be amended by mutual consent of the Parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the Parties hereto.

ARTICLE VII

County to Alpine: It is understood that the services provided under this MOU shall be prepared in and with cooperation from Alpine and its staff. It is further understood that this MOU does not create an exclusive relationship between County and Alpine, and County may perform similar work or services for others. However, County shall not enter into any agreement with any other party, or provide any information in any manner to any other party, that would conflict with County's responsibilities or hinder County's performance of services hereunder, unless Alpine, in writing, authorizes that agreement or sharing of information.

ARTICLE VIII

Confidentiality: The Parties shall maintain the confidentiality and privileged nature of all records, including billing records, together with any knowledge therein acquired, in accordance with all applicable state and federal laws and regulations, as they may now exist or may hereafter be amended or changed. The Parties, their respective staff, employees, and representatives, shall not use or disclose, directly or indirectly at any time, any said confidential information, for the purpose of, and in the performance of, this MOU. This confidentiality provision shall survive after the expiration or earlier termination of this MOU.

ARTICLE IX

HIPAA Compliance: As a condition of County performing services for Alpine, County shall execute that Business Associate Agreement which is attached hereto as Exhibit A and incorporated by reference herein.

ARTICLE X

Independent Status: The Parties intend that an independent contractor relationship will be created by this MOU. County is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by the terms of this MOU. County exclusively assumes responsibility for acts of its employees, agents, affiliates, and subcontractors, if any are authorized herein, as they relate to the services or work to be performed under this MOU during the course and scope of their employment by County. Those persons will be entirely and exclusively under the direction, supervision, and control of County.

The Parties shall be solely responsible for paying their respective employees, and for withholding Federal Income Contribution Act amounts and other taxes, workers' compensation, unemployment compensation, medical insurance, life insurance, or any other benefit that either party provides for its respective employees.

ARTICLE XI

Fiscal Considerations: The parties to this MOU recognize and acknowledge that both County and Alpine are each a political subdivision of the State of California. As such, both are subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. In addition to the above, both parties must follow all provisions outlined in Exhibit B, Exhibit C, and Exhibit E of the grant proposal which is attached hereto as Attachment 1 and incorporated by reference herein. It is further understood that in the normal course of each party's respective business, each party will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, County shall have no liability to pay any funds whatsoever to Alpine or to furnish any other considerations under this Agreement and Alpine shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, County shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Alpine to reflect the reduced amount.

Notwithstanding any other provision of this MOU to the contrary, either party shall give notice of cancellation of this MOU to the other party in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this MOU.

Upon the effective date of such notice, this MOU shall be automatically terminated and County and Alpine released from any further liability hereunder.

In addition to the above, should the respective Board of Supervisors, during the course of a given year for financial reasons reduce, or order a reduction, in the budget for either County's or Alpine's department for which services were contracted to be performed, pursuant to this paragraph, this MOU may be deemed to be canceled in its entirety.

ARTICLE XII

A. **Applicable Records:** County shall maintain for a minimum of three years after receipt of final payment from CDPH, adequate records on each Alpine resident served. County shall maintain complete financial records. Any apportionment of costs shall be made in accordance with generally accepted accounting principles and shall evidence proper audit trails reflecting the true cost of services rendered. Statistical data shall be kept and reports made as required by Alpine and CDPH in a form specified by either.

All records shall be available for inspection for auditing purposes by Alpine or CDPH at reasonable times during normal business hours. County agrees to extend to Alpine the right to review and investigate all records, program, or written procedures relating to eligible California residents residing in Alpine at any reasonable time. County agrees to provide Alpine data in a timely fashion as directed and as specified by the Alpine.

ARTICLE XIII

Termination or Cancellation Without Cause: Either party may terminate this MOU in whole or in part without cause upon thirty (30) calendar days written notice to the other party hereto, delivered pursuant to Article XIII "Notice to Parties."

ARTICLE XIV

Notice to Parties: All notices to be given by the Parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to County shall be addressed as follows:

COUNTY OF EL DORADO
Health and Human Services Agency
3057 Briw Road, Suite B
Placerville, CA 95667
ATTN: Contracts Unit
HHSA-Contracts@edcgov.us

with a copy to:

COUNTY OF EL DORADO
Chief Administrative Office
Procurement and Contracts Division
330 Fair Lane
Placerville, CA 95667
ATTN: Purchasing Agent

or to such other location as County directs.

Notices to Alpine shall be addressed as follows:

COUNTY OF ALPINE
75 Diamond Valley Road, A
Markleeville, CA 96120
ATTN: Tim Streeper, PH Program Manager
tstreeper@alpinecountyca.gov

or to such other location as Alpine directs.

ARTICLE XV

Change of Address: In the event of a change in address for either Parties' principal place of business, or Notices to Parties, either party shall notify the other party in writing pursuant to the provisions contained herein above under Article XIII "Notice to Parties." Said notice shall become part of this MOU upon acknowledgment in writing by the other party, and no further amendment of the MOU shall be necessary provided that such change of address does not conflict with any other provisions of this MOU.

ARTICLE XVI

Indemnity: Alpine shall be responsible for damages caused by the acts or omissions of its officers, employees, and agents occurring in the performance of this MOU. County shall be responsible for damages caused by the acts or omissions of its officers, employees, and agents occurring in the performance of this MOU. It is the intention of County and Alpine that the provisions of this paragraph be interpreted to impose on each party, responsibility for the acts of their respective officers, employees, and agents, and for each party to indemnify the other party for the acts of their respective officers, employees, and agents. It is also the intention of County and Alpine that, where comparative negligence is determined to have been contributory, principles of comparative negligence will be followed and each party will bear the proportionate cost of any damages attributable to the negligence of that party, its officers, employees, and agents. Both Parties agree to provide written notification within thirty (30) days of receipt of any claim or lawsuit arising from this MOU.

ARTICLE XVII

Insurance: County is covered for its general liability, automobile liability, property, and workers' compensation liability through a self-insurance program, in conjunction with excess coverage through California State Association of Counties – Excess Insurance Authority.

ARTICLE XVIII

Force Majeure: Neither party will be liable for any delay, failure to perform, or omission under this MOU that is due to any cause that it is beyond its control, not due to its own negligence, and cannot be overcome by the exercise of due diligence. In that event, the affected party will:

1. Promptly give written notice to the other of the fact that it is unable to so perform and the cause(s) that is beyond its control; and
2. Once the cause(s) has ceased, provide written notice to the other party and immediately resume its performance under this MOU.

For purposes of this Article, "cause that is beyond its control" includes labor disturbances, riots, fires, earthquakes, floods, storms, lightning, epidemics, war, disorders, hostilities, expropriation or confiscation of properties, failure of and delays by carriers, interference by civil or military authorities, whether legal or de facto, and whether purporting to act under some constitution, decree, or law, or otherwise, or acts of God.

ARTICLE XIX

Waiver: No failure on the part of the Parties to exercise any rights under this MOU, and no course of dealing with respect to any right hereunder, shall operate as a waiver of that right, nor shall any single or partial exercise of any right preclude the exercise of any other right. The remedies herein provided are cumulative and are not exclusive of any other remedies provided by law.

ARTICLE XX

Conflict of Interest: The Parties to this MOU have read and are aware of the provisions of Government Code Section 1090 et seq. and Section 87100 relating to conflict of interest of public officers and employees. Each party attests that it has no current business or financial relationship with the other party's employee(s) that would constitute a conflict of interest with provision of services under this MOU and will not enter into any such business or financial relationship with any such employee(s) during the term of this MOU. County represents that it is unaware of any financial or economic interest of any public officer or employee of Contractor relating to this MOU. It is further understood and agreed that if such a financial interest does exist at the inception of this MOU either party may immediately terminate this MOU by giving written notice as detailed in Article XII, "Termination or Cancellation Without Cause."

ARTICLE XXI

Administrator: The County Officer or employee with responsibility for administering this MOU is Kristin Becker, Program Manager, Health and Human Services Agency, or successor.

ARTICLE XXII

Authorized Signatures: The Parties to this MOU represent that the undersigned individuals executing this MOU on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said Parties to the obligations set forth herein.

ARTICLE XXIII

Partial Invalidity: If any provision of this MOU is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

ARTICLE XXIV

California Forum and Law: Any dispute resolution action arising out of this MOU, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.

ARTICLE XXV

No Third Party Beneficiaries: Nothing in this MOU is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this MOU.

ARTICLE XXVI

Counterparts: This MOU may be executed in one or more counterparts, each of which will be deemed to be an original copy of this MOU and all of which, when taken together, will be deemed to constitute one and the same MOU.

ARTICLE XXVII

Entire MOU: This document and the documents referred to herein or exhibits hereto are the entire MOU between the Parties and they incorporate or supersede all prior written or oral agreements or understandings.

Requesting MOU Administrator Concurrence:

By: *Kristin Becker*
Kristin Becker (May 24, 2022 09:44 PDT)

Kristin Becker
Program Manager
Health and Human Services Agency

Dated: 05/24/2022

Requesting Department Head Concurrence:

By: *Daniel Del Monte*
Daniel Del Monte (May 24, 2022 09:45 PDT)

Daniel Del Monte
Interim Director
Health and Human Services Agency

Dated: 05/24/2022

IN WITNESS WHEREOF, the Parties hereto have executed this Memorandum of Understanding on the dates indicated below.

-- COUNTY OF EL DORADO --

Dated: 6/14/22
By: Roni Parlin
Chair
Board of Supervisors
"County"

ATTEST:
Kim Dawson
Clerk of the Board of Supervisors

By: Kyria Schaffely Dated: 6/14/22
Deputy Clerk

-- COUNTY OF ALPINE --

By: _____ Dated: _____
Name: David Griffith
Title: Chair, Board of Supervisors
"Alpine"

Approved as to form:

By: Jim Jones
Alpine County Counsel

IN WITNESS WHEREOF, the Parties hereto have executed this Memorandum of Understanding on the dates indicated below.

-- COUNTY OF EL DORADO --

Dated: 6/14/22
By: *Rori Parker*
Chair
Board of Supervisors
"County"

ATTEST:
Kim Dawson
Clerk of the Board of Supervisors

By: *Kyra Schaffely* Dated: 6/14/22
Deputy Clerk

-- COUNTY OF ALPINE --

By: *[Signature]* Dated: Jul 27, 2022
Name: David Griffith
Title: Chair, Board of Supervisors
"Alpine"

Approved as to form:

By: *James Jones*
Jim Jones
Alpine County Counsel

Exhibit A

HIPAA Business Associate Agreement

This Business Associate Agreement is made part of the base contract ("Underlying Agreement") to which it is attached, as of the date of commencement of the term of the Underlying Agreement (the "Effective Date").

RECITALS

WHEREAS, Alpine and County (hereinafter referred to as Business Associate ("BA")) entered into the Underlying Agreement pursuant to which BA provides services to Alpine, and in conjunction with the provision of such services, certain Protected Health Information ("PHI") and Electronic Protected Health Information ("EPHI") may be disclosed to BA for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, Alpine and BA intend to protect the privacy and provide for the security of PHI and EPHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act, Pub. L. No. 104-191 of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the "HITECH" Act), and regulation promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws as may be amended from time to time; and

WHEREAS, Alpine and County are each a Covered Entity, as defined in the Privacy Rule and Security Rule, including but not limited to 45 CFR Section 160.103 ; and

WHEREAS, BA, when a recipient of PHI from Alpine, is a Business Associate as defined in the Privacy Rule, the Security Rule, and the HITECH Act, including but not limited to 42 USC Section 17938 and 45 CFR Section 160.103; and

WHEREAS, "Individual" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.202(g);

WHEREAS, "Breach" shall have the meaning given to such term under the HITECH Act under 42 USC Section 17921; and

WHEREAS, "Unsecured PHI" shall have the meaning to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to 42 USC Section 17932(h).

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

- I. Definitions. Unless otherwise provided in this Business Associate Agreement, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.
- II. Scope of Use and Disclosure by BA of Disclosed PHI
 - A. BA shall not disclose PHI except for the purposes of performing BA's obligations under the Underlying Agreement. Further, BA shall not use PHI in any manner that would constitute a violation of the minimum necessary policies and procedures of Alpine, Privacy Rule, Security Rule, or the HITECH Act.
 - B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Business Associate Agreement or required by law, BA may:
 1. Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 2. Disclose the PHI in its possession to a third party for the purpose of BA's proper management and administration or to fulfill any legal responsibilities of BA, or as required by law
 3. Disclose PHI as necessary for BA's operations only if:
 - a) Prior to making a disclosure to a third party, BA will obtain written assurances from such third party including:
 - (1) To hold such PHI in confidence and use or further disclose it only for the purpose of which BA disclosed it to the third party, or as required by law; and,
 - (2) The third party will immediately notify BA of any breaches of confidentiality of PHI to the extent it has obtained knowledge of such breach.
 4. Aggregate the PHI and/or aggregate the EPHI with that of other data for the purpose of providing Alpine with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by Alpine.
 5. Not disclose PHI disclosed to BA by Alpine not authorized by the Underlying Agreement or this Business Associate Agreement without patient authorization or de-identification of the PHI as authorized in writing by Alpine.
 6. De-identify any and all PHI of Alpine received by BA under this Business Associate Agreement provided that the de-identification conforms to the requirements of the Privacy Rule, 45 CFR and does not preclude timely payment and/or claims processing and receipt.
 - C. BA agrees that it will neither use nor disclose PHI it receives from Alpine, or from another business associate of Alpine, except as permitted or required by this Business Associate Agreement, or as required by law, or as otherwise permitted by law.
- III. Obligations of BA. In connection with its use of PHI disclosed by Alpine to BA, BA agrees to:
 - A. Implement appropriate administrative, technical, and physical safeguards as are necessary to prevent use or disclosure of PHI other than as permitted by the Agreement that reasonably and appropriately protects the confidentiality, integrity,

and availability of the PHI in accordance with Title 45 of the Code of Federal Regulations, Part 160 and Part 164, Subparts A and C (the "HIPAA Privacy Rule" and the "HIPAA Security Rule") in effect or as may be amended, including but not limited to 45 CFR 164.308, 164.310, 164.312, and 164.504(e)(2). BA shall comply with the policies, procedures, and documentation requirements of the HIPAA Security Rule.

- B. Report to Alpine within 24 hours of any suspected or actual breach of security, intrusion, or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take prompt corrective action to cure any such deficiencies and any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- C. Report to Alpine in writing of any access, use, or disclosure of PHI not permitted by the Underlying Agreement and this Business Associate Agreement, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than five (5) days. To the extent the Breach is solely a result of BA's failure to implement reasonable and appropriate safeguards as required by law, and not due in whole or part to the acts or omissions of Alpine, BA may be required to reimburse Alpine for notifications required under 45 CFR 164.404 and CFR 164.406.
- D. BA shall not use or disclose PHI for fundraising or marketing purposes. BA shall not disclose PHI to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates. BA shall not directly or indirectly receive remuneration in exchange of PHI, except with the prior written consent of Alpine and as permitted by the HITECH Act, 42 USC Section 17935(d)(2); however, this prohibition shall not affect payment by Alpine to BA for services provided pursuant to the Agreement.

IV. PHI Access, Amendment, and Disclosure Accounting. BA agrees to:

- A. Provide access, at the request of Alpine, within five (5) days, to PHI in a Designated Record Set, to Alpine, or to an Individual as directed by Alpine. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable Alpine to fulfill its obligations under the HITECH Act, including, but not limited to, 42 USC Section 17935(e).
- B. Within ten (10) days of receipt of a request from Alpine, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in BA's possession constitutes a Designated Record Set.
- C. To assist Alpine in meeting its disclosure accounting under HIPAA:
 - 1. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosure from Electronic Health Record for treatment, payment, or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At the minimum, the information collected shall include: (i) the date of disclosure; (ii) the name

of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed and; (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.

2. Within in 30 days of notice by Alpine, BA agrees to provide to Alpine information collected in accordance with this section to permit the Alpine to respond to a request by an Individual for an accounting of disclosures of PHI.

D. Make available to Alpine, or to the Secretary of Health and Human Services (the "Secretary"), BA's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining BA's compliance with the Privacy Rule, subject to any applicable legal restrictions. BA shall provide Alpine a copy of any PHI that BA provides to the Secretary concurrently with providing such information to the Secretary.

V. Obligations of Alpine.

A. Alpine agrees that it will promptly notify BA in writing of any restrictions on the use and disclosure of PHI agreed to by Alpine that may affect BA's ability to perform its obligations under the Underlying Agreement, or this Business Associate Agreement.

B. Alpine agrees that it will promptly notify BA in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect BA's ability to perform its obligations under the Underlying Agreement, or this Business Associate Agreement.

C. Alpine agrees that it will promptly notify BA in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect BA's use of disclosure of PHI.

D. Alpine shall not request BA to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Alpine, except as may be expressly permitted by the Privacy Rule.

E. Alpine will obtain any authorizations necessary for the use or disclosure of PHI, so that BA can perform its obligations under this Business Associate Agreement and/or the Underlying Agreement.

VI. Term and Termination.

A. Term. This Business Associate Agreement shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein when all PHI provided by Alpine to BA, or created or received by BA on behalf of Alpine, is destroyed or returned to Alpine, or, or if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

B. Termination for Cause. Upon Alpine's knowledge of a material breach by the BA, Alpine shall either:

1. Provide an opportunity for the BA to cure the breach or end the violation and terminate this Agreement if the BA does not cure the breach or end the violation within the time specified by County.

2. Immediately terminate this Agreement if the BA has breached a material term of this Agreement and cure is not possible; or
3. If neither termination nor cures are feasible, Alpine shall report the violation to the Secretary.

C. Effect of Termination.

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, the BA shall, at the option of Alpine, return or destroy all PHI that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such PHI.
2. In the event that Alpine determines that returning or destroying the PHI is infeasible, BA shall provide to Alpine notification of the conditions that make return or destruction infeasible, and BA shall extend the protections of this Agreement to such PHI to those purposes that make the return or destruction infeasible, for so long as the BA maintains such PHI. If Alpine elects destruction of the PHI, BA shall certify in writing to Alpine that such PHI has been destroyed.

VII. Indemnity

- A. BA shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of Alpine, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (collectively "Alpine") from any liability whatsoever, based or asserted upon any services of BA, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to BA's performance under this Business Associate Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever to the extent arising from the performance of BA, its officers, agents, employees, subcontractors, agents or representatives under this Business Associate Agreement. BA shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards against Alpine in any claim or action based upon such alleged acts or omissions.
- B. With respect to any action or claim subject to indemnification herein by BA, BA shall, at its sole cost, have the right to use counsel of its choice, subject to the approval of Alpine, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of Alpine; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes BA's indemnification of Alpine as set forth herein. BA's obligation to defend, indemnify and hold harmless Alpine shall be subject to Alpine having given BA written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at BA's expense, for the defense or settlement thereof. BA's obligation hereunder shall be satisfied when BA has provided to Alpine the appropriate form of dismissal relieving Alpine from any liability for the action or claim involved.
- C. The specified insurance limits required in the Underlying Agreement of this Business Associate Agreement shall in no way limit or circumscribe BA's

obligations to indemnify and hold harmless Alpine herein from third party claims arising from the issues of this Business Associate Agreement.

- D. In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code Section 2782. Such interpretation shall not relieve the BA from indemnifying Alpine to the fullest extent allowed by law.
- E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Business Associate Agreement, this indemnification shall only apply to the subject issues included within this Business Associate Agreement.

- VIII. Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Alpine to comply with the Privacy Rule, 45 CFR, and HIPAA generally.
- IX. Survival. The respective rights and obligations of this Business Associate Agreement shall survive the termination or expiration of this Business Associate Agreement.
- X. Regulatory References. A reference in this Business Associate Agreement to a section in the Privacy Rule means the section as in effect or as amended.
- XI. Conflicts. Any ambiguity in this Business Associate Agreement and the Underlying Agreement shall be resolved to permit Alpine to comply with the Privacy Rule, 45 CFR, and HIPAA generally.

Approval and Signatures

By: _____
Name
"BA Representative"

Dated: _____

By: _____
Name
"Alpine Representative"

Dated: _____

Exhibit B

State of California—Health and Human Services Agency
California Department of Public Health



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer



GAVIN NEWSOM
Governor

October 13, 2021

TO: Local Health Jurisdictions and Agencies

FROM: California Department of Public Health, Office of Oral Health

RE: **Request for Application for Moving California Oral Health Forward 2022-2027**

The California Department of Public Health (CDPH), Office of Oral Health (OOH) is releasing a Request for Application (RFA) for the Moving California Oral Health Forward 2022-2027 grant. This is a **continuation of the initial Local Oral Health Program Grant Funding Initiative (1/1/2017- 6/30/2022). The term for this grant is July 1, 2022 to June 30, 2027.**

The purpose of this RFA is to fund local health jurisdictions (LHJs) and agencies with grants to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by using cigarettes and other tobacco products. Grantees shall establish or expand upon existing local oral health programs (LOHPs) to include the following program activities related to oral health in their communities: education, disease prevention, community-clinical linkages, and surveillance. These activities will improve the oral health of Californians. This shall be achieved by providing funding for activities that support demonstrated oral health needs and prioritize underserved areas and populations.

Funding for this RFA is from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, Proposition 56 (Prop 56). Grantees will receive an annual funding amount to plan, implement, and evaluate LOHP activities. LHJs are grouped into four funding tiers determined using the estimated low-income population based on the U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates. (Additional information on the funding tiers can be found in Appendix I- Guidelines for Grant Application, page 9 of 13)

Funding is contingent upon available Prop 56 revenues and appropriations by the legislature and the governor's budget for each fiscal year of the grant. If full funding is not available, CDPH-OOH may amend the grant to reflect the decreased funding.

CDPH OOH, MS 7218 • P.O. Box 997377 • Sacramento, CA 95899-7377
(916) 440-7197 PHONE • (916) 636-6678 FAX
Department Website (www.cdph.ca.gov)



A letter of intent is required and must be submitted to OOH **no later than 5:00 p.m. (PST) on November 5, 2021.**

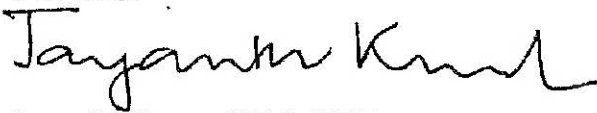
Applications are due to OOH no later than 5:00 p.m. (PST) on December 15, 2021. Please read and follow the RFA Appendix I- Guidelines for Grant Application and appendices to ensure required components are included in the application.

An informational webinar session will be held on **October 13, 2021 from 12:00PM - 1:30PM (PST)**. On **October 27, 2021 and January 12, 2022**, the OOH will conduct virtual office hours. Attendees must be registered to attend.

For additional information, please review the program guidelines and appendices. Questions can be directed to OOH at DentalDirector@cdph.ca.gov.

Thank you for your continued dedication and commitment to improving the oral health status of Californians!

Sincerely,



Jayanth Kumar, DDS, MPH
State Dental Director
California Department of Public Health
Office of Oral Health





TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

**Appendix 15 – Letter of Intent
MOVING CALIFORNIA ORAL HEALTH FORWARD 2022-2027
Local Oral Health Programs**

Please complete the following and email this document to DentalDirector@cdph.ca.gov no later than November 5, 2021.

Local Health Jurisdiction: County of El Dorado, Health and Human Services Agency, Public Health Division

Project Director or Designee: Kristin Becker, Program Manager, Public Health Division

Email: Kristin.becker@edcgov.us

Phone: 530 642 7132 **Fax:** 530 663 8424

Please select one response:


| | |
|--|-------------------------------------|
| Yes. We intend to apply for the funds from the California Department of Public Health, Office of Oral Health (CDPH/OOH), to continue or implement the Local Oral Health Program for my Local Health Jurisdiction (LHJ). | <input checked="" type="checkbox"/> |
| Yes. We intend to apply for funding from CDPH/OOH to implement the Local Oral Health Program and will likely pursue a consortium with the following LHJ(s). | <input type="checkbox"/> |
| No. We do not intend on applying for this opportunity to implement a Local Oral Health Program for our LHJ. | <input type="checkbox"/> |

Please complete the fields below:

| | |
|---|---|
| Does your LHJ require a board resolution for a new contract? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| When are your scheduled board meeting dates between November and January 2022? | 11-09, 11-16, 12-07, 12-14, 01-04 |
| Does your LHJ require the contract be available to get on the Agenda? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| When do you need the contract? (e.g., two weeks before, one month before, etc.) | 7 weeks |

Please note: This letter of intent is expected but not considered binding. If you cannot complete by the deadline, please email DentalDirector@cdph.ca.gov.

Donald Semon, Director*, Health and Human Services Agency


Don Semon (Oct 14, 2021 16:53 PDT)

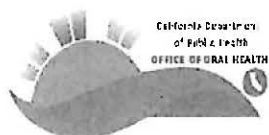
10/14/2021

Signature of Project Director or Designee*

Date

*The HHS Director is authorized, under County Resolution 044-2021, to accept funding and execute





CDPH OOH, MS 7218 • P.O. Box 997377 • Sacramento, CA 95899-7377
Department Website: www.cdph.ca.gov



Revenue Agreements from funding sources or granting agencies including subsequent agreements from funding sources or granting agencies previously approved by the Board, and amendments thereto, if any, that provide the means for the Health and Human Services Agency to operate its various programs.

Exhibit C

| | |
|---|---|
| DUE: 12/15/21 | |
| DATE OF SUBMISSION: | 12/7/2021 |
| ORGANIZATION NAME: | County of El Dorado, Health and Human Services Agency |
| APPLICATION CONTACT NAME: Kristin Becker | PHONE NUMBER: (530) 642-7132 |
| EMAIL ADDRESS: kristin.becker@edcgov.us | |

Complete this Application Checklist and email it along with the following documents to: DentalDirector@cdph.ca.gov by 12/15/21*

**Note: A supplemental submission containing Document E (Supplemental Submission Checklist) and Document F (Detailed Budget and Justification) is due on 01/31/22. This is to accommodate additional program and fiscal planning as part of an interactive process with OOH.*

APPLICATION CONTENTS:

Please Check

- | | |
|--|-------------------------------------|
| Application Checklist (Document A) | <input checked="" type="checkbox"/> |
| Grantee Information Form (Document B) | <input checked="" type="checkbox"/> |
| Narrative Summary Form (Document C) | <input checked="" type="checkbox"/> |
| Governmental Payee Form CDPH 9083 (Document D) | <input checked="" type="checkbox"/> |
| Grant Activities and Reporting/Tracking Measures (Exhibit A) | <input checked="" type="checkbox"/> |

| | | |
|-------------------------|---|--|
| Organization | This is the information that will appear in your grant agreement. | |
| | Federal Tax ID # | <u>94-6000511</u> |
| | Name | <u>County of El Dorado, Health and Human Services Agency</u> |
| | Mailing Address | <u>3057 Briw Road, Suite B, Placerville, CA 95667</u> |
| | Street Address (If Different) | _____ |
| | County | <u>El Dorado</u> |
| | Phone | <u>(530) 642-7300</u> Fax <u>(530) 653-2229</u> |
| Website | <u>www.edcgov.us/Government/HHSA</u> | |
| Grant Signatory | The Grant Signatory has authority to sign the grant agreement cover. | |
| | Name | <u>Donald Semon</u> |
| | Title | <u>Director, Health and Human Services Agency</u> |
| | If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/> | |
| | Mailing Address | _____ |
| | Street Address (If Different) | _____ |
| | Phone | <u>(530) 621-6170</u> <u>(530) 663-8498</u> |
| Email | <u>don.semon@edcgov.us</u> | |
| Project Director | The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information. | |
| | Name | <u>Christy White</u> |
| | Title | <u>Supervising Health Education Coordinator</u> |
| | Supervisor Name and Title | <u>Kristin Becker, Program Manager</u> |
| | Supervisor Email and Phone | <u>Kristin.becker@edcgov.us, 530-642-7132</u> |
| | If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/> | |
| | Mailing Address | <u>941 Spring Street, Placerville, CA 95667</u> |
| | Street Address (If Different) | _____ |
| | Phone | <u>530-642-7132</u> Fax <u>530-663-8424</u> |
| Email | <u>Kristin.becker@edcgov.us</u> | |
| Funding | These are the annual Funding amounts your LHJ will accept for grant purposes. | |
| | Year 1 (FY 22/23) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 2 (FY 23/24) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 3 (FY 24/25) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 4 (FY 25/26) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 5 (FY 26/27) | \$309,337 (includes El Dorado County and Alpine County) |

El Dorado County (EDC) is a rural county with 193,651 people located East of Sacramento in the Northern California area and to the West of the state of Nevada. EDC encompasses 1,805 square miles and is divided into two incorporated cities, Placerville and South Lake Tahoe ranging in population from 10,383 to 21,448. The remainder of the county's 161,820 residents live in the unincorporated rural areas of the county. The racial and ethnic make-up of the population is approximately 86.51% non-Hispanic/White (includes 4.89% Asian, 1% African American and 4.53% other) and 13.49% Hispanic/Latino. A little more than 20% of the population is under the age of 18, and 20% of the population is over 65 years of age. The Federal Poverty Level (100% to 184%) is 10% less than the state average of 15%. The socioeconomic status of its residents is higher than the median in California, however significant disparities and vulnerabilities exist in oral health and health care depending on one's household income, educational level, native language, and country of origin. Children ages 1-18, (97%) have health insurance and 32.4% are enrolled in Medi-Cal—with 16.3% of children living in food insecure households. The pharyngeal cancer incidence rate in EDC is 12.79 cases per 100,000 and 92.3% of children have had a dental visit within the past 12 months. There are 78 dentists/100,000 population. Despite having access to dental insurance, only 17% of Medi-Cal certified eligible 1-2 years old and 42% of 3-5 years old had a dental visit (2016), compared with a state average of 24 and 47% respectively. Per CDPH, emergency department visits for non-traumatic dental conditions in EDC for 2017-2019: 3-5 years old 367.6 per 100,000, 6-9 years old 338 per 100,000, and 10-13 years old 117.5 per 100,000.

Alpine County is a small rural county with 1,129 people, making it California's least populous County. The county seat and largest community is Markleeville which neighbors the South Lake Tahoe basin in EDC. The racial make-up of the county is 73.7% non-Hispanic/White (includes 0.3% Asian, 0.1% Pacific Islander, 0.6% African American, 7.8% Hispanic/Latino and 6.6.5% other) and 18.9% Native American (Washo). There are 483 households, out of which 25.5% have children under the age of 18 and 5.4% have someone 65 years of age or older living with them. Alpine County has 163 children 0-18 of age of which 30% live in poverty. Children enrolled in Medi-Cal is unknown—19.1% are living in food insecure households.

According to 2021 County Health Rankings & Roadmaps—EDC ranks 11 in California for health outcome, 10 in health factors and Alpine County rated 32 in California for outcome with 44 for factors. Some of the disparities between the two neighbor counties—Alpine has one general store, one gas station and no medical/dental providers located within the county. Alpine residents must drive to the state of Nevada and/or the South Lake Tahoe basin for services—even to meet their basic needs.

EDC established the Local Oral Health Program (LOHP) operating at the County level for the grant cycle 2017-2022. All activities were met in Objective 1 through Objective 9 (with 8, 10 & 11 as non-deliverables) including an oral health needs assessment and outreach plan, 15 key informant interviews and the evaluation plan. The fundamental

activities were seeded and the foundation created for the program during the grant cycle 2017-2022. K-6 schools were identified in the 2019-20 school year based on 50% or higher Free and Reduced Price Meal Program (FRPM) participation. The number of children served were identified by the percent of students on FRPM. Ongoing surveillance continued, even with the COVID-19 pandemic in 2020-21. The El Dorado Community Health Centers continues to monitor children's status/retention check-ups via care coordination and in-person visits. Referral lists were disseminated to school nurses and sent home in toothbrush kits/school lunch bags to students during oral health education and/or assessment events and throughout the closure of schools due to COVID-19. A drive-thru KOHA screening was piloted at two Lake Tahoe Unified School district elementary schools. With the support of local dentists and their staff and schools, drive thru protocols for safely conducting oral health exams were developed during the COVID-19 pandemic.

EDC will serve as a Legacy Program for the grant cycle 2022-2027, as well as the Lead Agency in the Consortium with Alpine County as many Alpine residents seek services in El Dorado. The program has evolved to expand the following five areas: oral health education, dental disease prevention, access to dental care, local oral health data collection, and outreach and case management services into the community by building strategic partnerships and leveraging partner's relationships with parents and caregivers.

The new grant cycle will provide an opportunity to have a concentrated focus and implementation on Objectives 1-3 and Objectives 6 and 7 with the expansion of reaching pregnant mothers through local medical providers. Continuation of reaching children 0-5 years through Child Development/Head Start programs and First 5 and WIC, as well as elementary school age children (with a focus on T/K, K & 2/3 grades) that are FRPM eligible, Medi-Cal and CalFresh eligible. Increased oral health education and messaging is needed to keep children out of the ER for dental needs. As well as, increased referrals to community-clinical linkages for disease treatment, management and surveillance. A challenge we encountered was in educating the public that dental offices are safe during the COVID-19 pandemic. There was a significant decrease in routine preventative care and an increase in emergency access needs.

The County will use the LOHP grant funds to focus primarily on the following strategies:

- Expand community partnership and infrastructure capacity to achieve oral health improvements through the existing Advisory Committee.
- Expand community outreach and education efforts to improve awareness of available oral-health services, increase disease prevention within populations in need and prioritize underserved areas and vulnerable populations.
- Expand community-clinical linkages for disease treatment including referral management and surveillance.
- Implement evidence-based prevention models and activities with a focus on reducing oral health disparities among school-aged children.

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name

County of El Dorado

Remit-To Address (Street or PO Box)

3057 Briw Road, Suite B

City

Placerville

State CA

Zip Code+4 95667

Government Type:

- City County
 Special District Federal
 Other (Specify)

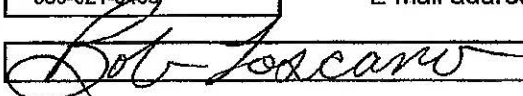
Federal Employer Identification Number (FEIN) 946000511

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

| FI\$Cal ID# <small>(if known)</small> | Dept/Division/Unit Name | Complete Address |
|---|---|--|
| | Behavioral Health Division of the Health and Human Services Agency | 768 Pleasant Valley Rd., Suite 201 Diamond Springs, CA 95619 |
| | Community Services Division of the Health and Human Services Agency | 3047 / 3057 Briw Road, Placerville, CA 95667 |
| 0000004332 | Public Health Division of the Health and Human Services Agency | 931 Spring Street, Placerville, CA 95667 941 Spring Street, Placerville, CA 95667 |
| | Social Services Division of the Health and Human Services Agency | 3057 Briw Road, Suite A, Placerville CA 95667 |

Contact Person Bob Toscano Title Auditor

Phone number 530-621-5456 E-mail address bob.toscano@edcgov.us

Signature  Date 9/27/21

Local Health Jurisdictions (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. LHJs will maintain regular reporting to demonstrate progress towards implementing grant activities.

LHJs or designees must select Grant Activities and Reporting/Tracking Measures for objectives 1, 2, and 3 and will be responsible for selecting, at a minimum, one additional objective (from objectives 4 – 7) of their choice for the entire grant term. LHJs or designees can choose one or all objectives from 4-7.

A more comprehensive summary of expectations for grant objectives, activities, and reporting/tracking measures is included in a separate LOHP Work Plan in Appendix 2.

Based on the guidance above, please indicate which of the objectives and activities your local health jurisdiction will implement by placing an "X" in the appropriate check box below. Maintain records of reporting/tracking measures for all selected objectives and submit documentation annually, bi-annually, or as necessary, including all relevant documentation in progress report and data form submissions:

| Activities | Reporting/ Tracking Measures | Timeline |
|--|--|-------------------|
| <input checked="" type="checkbox"/> Objective 1: By June 30, 2027, establish or sustain program infrastructure, partnerships, and processes to ensure implementation and evaluation of the Work Plan. | | |
| <input checked="" type="checkbox"/> 1.1: Build or maintain capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration. | 1.1.a(A): LOHP staff trainings list 1.1.b(A): Advisory Committee (AC) members list 1.1.c(A): AC meeting agendas 1.1.c(B): Number of AC meetings convened 1.1.c(C): AC meeting participation list 1.1.d(A): Community engagement summary 1.1.e(A): List of partner communications 1.1.f(A): AC meeting minutes 1.1.g(A): AC satisfaction survey evaluation | 07/1/22- 06/30/27 |
| <input checked="" type="checkbox"/> 1.2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with | 1.2(A): List of prominent social determinants of health in LHJ 1.2(B): 2020 census data on vulnerable/underserved demographics in LHJ | 07/1/22- 12/31/25 |

| | | |
|--|--|--------------------|
| <p>a special focus on underserved areas and vulnerable population groups.</p> | <p>1.2.a(A): Needs Assessment (NA) work group roster 1.2.b(A): Summary resources and service gaps 1.2.c(A): NA instrument 1.2.d(A): Data gathered and inventoried 1.2.d(B): Summary of analysis and data gaps 1.2.d(C): Identified resources to fill data gaps 1.2.d(D): Description of methods selected 1.2.e(A): Action plan to collect missing NA data 1.2.e(B): Summary of data collected 1.2.f(A): Data summary report</p> | |
| <p><input checked="" type="checkbox"/> 1.3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.</p> | <p>1.3.a(A): Inventory of community assets and resources 1.3.b(A): Published inventory of community assets/resources and service gaps</p> | 07/1/22- 12/31/25 |
| <p><input checked="" type="checkbox"/> 1.4: Develop a new or update an existing community health improvement plan (CHIP) and create an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.</p> | <p>1.4.a(A): CHIP timeframe 1.4.a(B): Summary of objectives and strategies 1.4.a(C): List of participants in CHIP planning 1.4.b(A): List of planning meetings and meeting minutes 1.4.c(A): Action plan 1.4.d(A): Summary report</p> | 07/1/22 – 08/31/26 |
| <p><input checked="" type="checkbox"/> 1.5: Develop a new, or continue implementing an existing Evaluation Plan, to monitor and assess the progress and success of the Local Oral Health Program (LOHP) Work Plan objectives. Update objectives, evaluation questions, and plan as needed.</p> | <p>1.5.a(A): List of stakeholders in evaluation process 1.5.b(A): Program logic model 1.5.c(A): Evaluation Plan grid 1.5.d(A): Evaluation Plan progress summary</p> | 07/1/22- 12/31/25 |
| <p><input checked="" type="checkbox"/> 1.6: Complete progress reports (PR) bi-annually using the progress report template provided. Detailed instructions will be provided.</p> | <p>1.6(A): PR 1 July 1st – December 31, 2022 o DUE January 31, 2023 1.6(B): PR 2 January 1st – June 30, 2023 o DUE July 31, 2023 1.6(C): PR 3 July 1st – December 31, 2023 o DUE January 31, 2024</p> | 07/1/22- 06/30/27 |

| | | |
|--|--|-------------------|
| | <p>1.6(D): PR 4 January 1st – June 30, 2024 o DUE July 31, 2024</p> <p>1.6(E): PR 5 July 1st – December 31, 2024 o DUE January 31, 2025</p> <p>1.6(F): PR 6 January 1st – June 30, 2025 o DUE July 30, 2025</p> <p>1.6(G): PR 7 July 1st – December 31, 2025 o DUE January 31, 2026</p> <p>1.6(H): PR 8 January 1st – June 30, 2026 o DUE July 30, 2026</p> <p>1.6(I): PR 9 July 1st – December 31, 2026 o DUE January 31, 2027</p> <p>1.6(J): PR 10 January 1st – June 30, 2027 o DUE July 30, 2027</p> | |
| <p><input checked="" type="checkbox"/> Objective 2: By June 30, 2027, implement evidence-based programs to achieve California Oral Health Plan objectives.</p> | | |
| <p><input checked="" type="checkbox"/> 2.1: Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs.</p> | <p>2.1.a(A): Strengths Weaknesses Opportunities Threats (SWOT) analysis summary report</p> <p>2.1.b(A): List of participating and identified schools and grades</p> <p>2.1.b(B): Program model selected and tracking system</p> <p>2.1.b(C): List of partners and roles</p> <p>2.1.b(D): List of services</p> <p>2.1.b(E): Early prevention intervention selected</p> <p>2.1.b(F): Implementation plan</p> <p>2.1.b(G): List of equipment purchased</p> <p>2.1.b(H): Invoices for billing</p> | 07/01/22-06/30/23 |
| <p><input checked="" type="checkbox"/> 2.2: Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites.</p> | <p>2.2(A): Memorandums of Understanding (MOUs) and other partnership agreements</p> <p>2.2.a(A): List of participating and identified schools and grades</p> <p>2.2.b(A): List of dental providers with partnership agreements</p> <p>2.2.c(A): Activity log</p> | 07/01/22-06/30/27 |

| | | |
|--|---|--------------------------|
| | <p>2.2.d(A): Sealant education materials 2.2.d(B): Fluoride education materials 2.2.d(C): Preventive dental services education materials 2.2.e(A): Distribution list and format 2.2.e(B): Number of stakeholders reached 2.2.e(C): List of educational materials provided 2.2.e(D): Consent forms on file 2.2.f(A): Implementation schedule 2.2.g(A): Number of education sessions delivered 2.2.g(B): List of trainings provided and site 2.2.h(A): Number of schools with a dental program 2.2.h(B): Number of children screened</p> | |
| <p><input checked="" type="checkbox"/> 2.3: Implement a dental screening program with a robust community-clinical linkage system using a referral management electronic platform for connecting with parents/caregivers and linking children to a source of dental care, tracking the progress of care from referral to completion of treatment plan.</p> | <p>2.3(A): Number and proportion of eligible schools participating 2.3(B): Number and proportion of eligible children screened 2.3(C): Referral acceptance 2.3(D): Patient contact 2.3(E): Receipt of services 2.3(F): Need resolution 2.3.a(A): Number of dental providers accepting referrals 2.3.a(B): List of participating providers 2.3.b(A): Written care coordination protocol 2.3.c(A): Estimated number and proportion of high-risk children needing sealants and referrals 2.3.c(B): Referral criteria 2.3.d(A): Check-list for school-based program readiness 2.3.e(A): Narrative summary of preventive services implemented</p> | <p>07/01/22-06/30/27</p> |

| | | |
|---|---|--------------------------|
| | <p>2.3.e(B): Number of sealants 2.3.e(C): Number of fluoride varnish applications received 2.3.e(D): Number of toothbrush prophylaxis treatments received 2.3.e(E): Total number of students receiving preventive services 2.3.f(A): Communications 2.3.f(B): Success of referrals 2.3.f(C): Data findings 2.3.f(D): Number of successful referrals 2.3.f(E): Quality improvement (QI) strategies 2.3.f(F): Increase in children served 2.3.f(G): Timelines for data review</p> | |
| <p><input checked="" type="checkbox"/> 2.4: Conduct training for community members/partners/stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.</p> | <p>2.4(A): Training agenda 2.4(B): Training materials 2.4(C): Number of community trainees for community water fluoridation trainings 2.4.a(A): Number of engineers/ operators trained 2.a(B): List of trainees and trainings 2.4.b(A): Marketing materials 2.4.b(B): Number of public awareness campaigns 2.4.c(A): Webpage URL 2.4.d(A): Evaluation report 2.4.d(B): Assurances for successful referral 2.4.e(A): School dental program success stories 2.4.e(B): Dissemination plan</p> | <p>07/01/22-06/30/27</p> |
| <p><input checked="" type="checkbox"/> Objective 3: By June 30, 2027, work with partners to promote oral health by developing and implementing prevention and health care policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.</p> | | |

| | | |
|--|--|--------------------------|
| <p><input checked="" type="checkbox"/> 3.1: Assess the number of schools currently not reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR).</p> | <p>3.1(A): List and number of KOHA non-participating schools identified 3.1.a(A): List of KOHA best practices 3.1.b(A): List of KOHA target schools 3.1.c(A): List and number of KOHA champions 3.1.c(B): KOHA champion onboarding and training materials 3.1.c(C): Number of school districts participating in KOHA intervention 3.1.c(D): Number of children served by KOHA intervention 3.1.d(A): KOHA toolkit 3.1.d(B): List of KOHA presentations made 3.1.d(C): Copy of KOHA letters written 3.1.d(D): Number of schools adopting policies or participating in KOHA because of efforts 3.1.f(A): KOHA guidance documents for schools 3.1.f(B): KOHA fact sheets 3.1.g(A): List of KOHA key partners 3.1.g(B): Schedule of KOHA key partners meetings held 3.1.g(C): KOHA targets identified 3.1.h(A): KOHA summary in progress reports 3.1.h(B): KOHA policies revised and developed 3.1.h(C): Number of school districts reporting KOHA data 3.1.h(D): Number of children receiving KOHA screening 3.1.h(E): Number of oral health assessment activities, number of assessment events, number of assessment messages, and number of new schools participating in assessments 3.1.i(A): KOHA success stories 3.1.i(B): KOHA success stories dissemination</p> | <p>07/01/22-06/30/27</p> |
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| <p><input checked="" type="checkbox"/> 3.2: Develop and implement a plan to identify and recruit key partners that work with underserved populations: First 5 commission, County Office of Education, local Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Early Head Start/Head Start, Maternal, Child, and Adolescent Health (MCAH), Black Infant Health (BIH), schools, Community-based organizations (CBOs), and Home Visiting (HV) Programs.</p> | <p>plan</p> <p>3.2(A): Key partner recruitment plan 3.2(B): Key partner recruitment letters 3.2(C): List of key partners recruited 3.2(D): List of Home Visiting programs 3.2.a(A): Role of key partners summary 3.2.b(A): Schedule of key partners meetings 3.2.c(A): Facilitators and barriers to care identified 3.2.d(A): Activities to address barriers to care 3.2.e(A): Key partner training and implementation plan 3.2.e(B): List of key partner trainings 3.2.e(C): Evaluation of key partner trainings 3.2.e(D): Evaluation of key partner implementation plan 3.2.f(A): Key partner oral health guidance document 3.2.g(A): List of key partners with oral health component 3.2.h(A): Home Visiting survey results in progress reports 3.2.i(A): Key partners sustainability plan 3.2.j(A): Key partners success stories 3.2.j(B): Key partners success stories dissemination plan</p> | <p>07/01/22-06/30/27</p> |
| <p><input type="checkbox"/> Objective 4: By June 30, 2027, address common risk factors for oral diseases and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.</p> | | |
| <p><input type="checkbox"/> 4.1: Conduct a survey of dental offices to gauge interest in CEU credits for tobacco cessation training. Use survey findings to support tobacco cessation activities.</p> | <p>4.1(A): Summary of tobacco cessation survey findings and plans for using survey information 4.1(B): Number of dental offices assessed 4.1.a(A): Risk assessment training materials 4.1.a(B): Risk assessment toolkit 4.1.a(C): Referral resources for identified risk</p> | <p>07/01/22-06/30/27</p> |

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| | <p>factors</p> <p>4.1.a(D): Number of dental offices connected to resources</p> <p>4.1.b(A): List and dates of tobacco cessation trainings</p> <p>4.1.b(B): Number of dental offices trained for tobacco cessation</p> <p>4.1.c(A): Number of dental offices receiving tobacco cessation toolkits</p> <p>4.1.d(A): Tobacco cessation marketing materials</p> <p>4.1.d(B): Tobacco cessation social media views and interaction data</p> <p>4.1.d(C): Tobacco cessation radio messaging impressions data</p> <p>4.1.e(A): Tobacco cessation summary analysis in progress reports</p> | |
| <p><input type="checkbox"/> 4.2: Collaborate with local partners to participate in sugar-sweetened beverage (SSB) reduction activities. Participate in an event (ex: Rethink Your Drink statewide day of action) in a dental setting, school, health fair, or community setting; provide dental-specific material in addition to the Rethink Your Drink event in a box; use social media messaging (ex: hashtags) to promote event.</p> | <p>4.2(A): SSB reduction event narrative</p> <p>4.2(B): Number of SSB reduction event activities</p> <p>4.2.a(A): SSB reduction training materials</p> <p>4.2.a(B): SSB reduction training summary</p> <p>4.2.b(A): Number of SSB reduction trainings and webinars</p> <p>4.2.c(A): Narrative description of oral health guidelines integrated into partner chronic disease prevention and control activities</p> <p>4.2.d(A): SSB reduction webpage URL</p> <p>4.2.e(A): SSB reduction summary analysis in progress reports</p> <p>4.2.f(A): SSB reduction success stories</p> <p>4.2.f(B): SSB reduction success stories dissemination plan</p> | <p>07/01/22-06/30/27</p> |

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| <input type="checkbox"/> Objective 5: By June 30, 2027, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care. | | |
| <input type="checkbox"/> 5.1: Collaborate with primary care providers or school administrators to implement an evidence-based oral health literacy campaign for parents and caregivers such as the American Academy of Pediatrics Brush, Book, Bed (BBB) Campaign. Identify a BBB champion who will coordinate the program and inspire partners: e.g., the county's oral health program manager. | 5.1(A): Evidence-based health literacy campaign identified 5.1(B): Health literacy campaign plan 5.1(C): List of health literacy champions for providers and schools 5.1.a(A): Health literacy campaign summary analysis in progress report submissions | 07/01/22-06/30/27 |
| <input type="checkbox"/> 5.2: Identify a champion and coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, or others. | 5.2(A): List and number health literacy champions for partner outreach 5.2.a(A): Oral health literacy workforce action plan 5.2.b(A): Number of dental offices with added oral health literacy component 5.3(A): Oral health literacy training plan 5.3(B): List of oral health literacy trainings 5.3(C): Number of oral health literacy trainees 5.3(D): Evaluation of oral health literacy trainings 5.3(E): Number of oral health literacy trainings 5.3.a(A): List of oral health literacy materials provided 5.3.a(B): List of partner organizations receiving oral health literacy materials | 07/01/22-06/30/27 |
| <input checked="" type="checkbox"/> Objective 6: By June 30, 2027, assess, support, and ensure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development, language services, collaborations, and processes that support continuous quality improvement to serve underserved areas and vulnerable populations. | | |
| <input checked="" type="checkbox"/> 6.1: Identify and recruit key partners such as the local dental society, local dental association, local primary care association, etc. to support effective oral healthcare delivery and care coordination systems. | 6.1(A): List of key partners recruited 6.1.a(A): Summary analysis of dental office inventory 6.1.a(B): Number of dental office assessments conducted. | 07/01/22-06/30/27 |

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| | <p>6.1.b(A): Summary of service gaps and underserved areas</p> <p>6.1.c(A): Dental office outreach materials</p> <p>6.1.c(B): Number of outreach resources developed</p> <p>6.1.d(A): Summary of pilot test proposal</p> <p>6.1.d(B): List of primary care offices and CBOs identified</p> <p>6.1.e(A): List of providers and CBOs trained and onboarded</p> <p>6.1.e(B): Number of providers and systems engaged</p> <p>6.1.f(A): List of partnerships and roles developed to support warm hand-off referrals</p> | |
| <p><input checked="" type="checkbox"/> 6.2: Launch and sustain a Community of Practice for representatives from the primary care offices, CBOs, and dental offices to meet in-person or virtually on a regular and re-occurring basis to foster performance management, process redesign, and quality improvement.</p> | <p>6.2(A): List of community of practice members</p> <p>6.2(B): Community of practice meeting schedule</p> | 07/01/22-06/30/27 |
| <p><input checked="" type="checkbox"/> 6.3: Develop a sustainability plan to maintain efforts.</p> | <p>6.3(A): Sustainability plan</p> <p>6.3.a(A): Fluoride varnish guidance document</p> | 07/01/22-06/30/27 |
| <p><input checked="" type="checkbox"/> 6.4: Recruit providers for preventive dentistry mentorship program.</p> | <p>6.4(A): List of providers recruited for preventive dentistry program</p> <p>6.4.a(A): Summary of Quality Improvement (QI) trainings or coaching provided</p> <p>6.4.b(A): QI Plan</p> <p>6.4.c(A): Oral healthcare delivery and care coordination systems success stories</p> <p>6.4.c(B): Oral healthcare delivery and care coordination systems success stories dissemination plan</p> <p>6.4.d(A): Performance management trainees</p> <p>6.4.d(B): Performance management software</p> | 07/01/22-06/30/27 |

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| | used 6.4.d(C): List of performance measures 6.4.e(A): QI project qualitative case study 6.4.e(B): QI project storyboard | |
| Objective 7: By June 30, 2027, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies. | | |
| <input checked="" type="checkbox"/> 7.1: Convene a core group or identify a workgroup from existing AC to support the creation or expansion of existing local oral health networks identify policy solutions, address workforce issues, and develop plans for sustainability and community engagement. | 7.1(A): List of oral health networks workgroup members 7.1.a(A): List of organizations recruited for expanded oral health network 7.1.a(B): Number of organizations, partners, and champions recruited for expanded oral health networks 7.1.b(A): Oral health network meeting schedule 7.1.b(B): Oral health network meeting agenda 7.1.b(C): Oral health network meeting minutes 7.1.c(A): List of oral health network action plan priorities 7.1.d(A): Oral health network Communication Plan 7.1.e(A): List of organizations in oral health network workgroup 7.1.f(A): Oral health network mission and core values 7.1.g(A): Oral health network action plan 7.1.h(A): Opportunities identified to share resources and leverage additional funding 7.1.i(A): Key insights from community engagement 7.1.j(A): Oral health network summary in progress report submissions | 07/01/22-06/30/27 |

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| DUE: 01/31/22 | |
| DATE OF SUBMISSION: | 1/26/2022 |
| ORGANIZATION NAME: | County of El Dorado, Health and Human Services Agency |
| APPLICATION CONTACT NAME: Kristin Becker | PHONE NUMBER: 530-642-7132 |
| EMAIL ADDRESS: <u>Kristin.Becker@edcgov.us</u> | |

Complete this Supplemental Submission Checklist and email it along with the following documents to: DentalDirector@cdph.ca.gov by 01/31/22

APPLICATION CONTENTS:

Please Check

- Supplemental Submission Checklist (This form, Document E)
- Detailed Budget and Justification (Document F)

| Year 1 | | | | | | |
|--|----------------------|---------|-------------------------------------|-------|--------------|------------------|
| 07/01/2022 through 06/30/2023 | | | | | | |
| Personnel | | | | | | |
| Position Title (add more lines as needed) | Monthly Salary Range | Monthly | Annual | FTE % | Months | Requested Amount |
| Health Educator (Project Director) | \$5,023-\$6,105 | \$5,275 | \$63,300 | 100% | 12 | \$63,300.00 |
| Health Program Specialist (Project Coordinator) | \$3,933-\$4,779 | \$4,129 | \$49,548 | 100% | 12 | \$49,548.00 |
| Total Personnel | | | | | | \$112,848.00 |
| Fringe Benefits @ | | 51.00% | Total Fringe Benefits | | \$57,553.00 | |
| | | | Total Personnel & Fringe | | \$170,401.00 | |
| Fringe Benefit range is 48% - 54% with an average of 51%. Fringe Benefits includes PERS, PERS Unfunded Accrued Liability (UAL), Medicare, Health Insurance, Unemployment Insurance, Long Term Disability, Workers Compensation Premium and Retired Health. | | | | | | |
| Operating Expenses | | | | | | |
| Office Supplies (paper, copier toner, pens, pencils, folders, binders, staplers, whiteboard, etc.) | | | | | | \$960.00 |
| Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | | | | | | \$4,000.00 |
| Minor Equipment (For Health Educator) Includes laptop (\$1,600), docking station (\$300), two monitors (\$500), wireless keyboard and mouse (\$100), laptop bag (\$100), headphones (\$100), software (Adobe Pro) (\$300). | | | | | | \$3,000.00 |
| Minor Equipment (For Health Program Specialist) Includes laptop (\$1,600), docking station (\$300), two monitors (\$500), wireless keyboard and mouse (\$100), laptop bag (\$100), headphones (\$100), software (Adobe Pro) (\$300). | | | | | | \$3,000.00 |
| Total Operating Expenses | | | | | | \$10,960.00 |
| Equipment (Items over \$5,000 each) | | | | | | |
| | | | | | | \$0.00 |
| Total Equipment | | | | | | \$0.00 |
| Travel | | | | | | |
| Mileage formula: 2 project travelers x 150/miles/month x \$0.585/per mile x 12 months = \$2,106/mileage total. | | | | | | \$2,106.00 |
| OOH Travel/Training for statewide trainings/conferences and optional trainings/conferences (\$500-\$750 per person (\$350-\$550 for travel/per diem and \$150-\$200 for registration) for three staff to attend. | | | | | | \$2,035.00 |
| OOH Required Project Director Annual Meeting (Virtual, \$150-\$200 for registration) for two staff. | | | | | | \$400.00 |
| Total Travel | | | | | | \$4,541.00 |
| Subcontracts | | | | | | |

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|---|------------|-----------------------------|
| El Dorado Community Health Center (EDCHC) Dental Van Case Management and Program Support | | \$30,000.00 |
| El Dorado Community Health Center (EDCHC) Dental Van Equipment and Maintenance | | \$20,000.00 |
| Total Subcontracts | | \$50,000.00 |
| Other Costs | | |
| Educational Materials (brochures, pamphlets, posters, curriculum, training guides, videos, slides, signage, etc.) | | \$7,535.00 |
| Behavior Modification Materials (BMM) (Gift Cards: 100/gift cards x \$25/per card = \$2,500 FY Total) | | \$2,500.00 |
| Paid Media (bus shelter posters) | | \$8,000.00 |
| Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 8,000 kits) | | \$12,800.00 |
| Total Other Costs | | \$30,835.00 |
| Subtotal | | \$266,737.00 |
| Indirect Costs | 25% | Total Indirect Costs |
| (Specify percentage of personnel or direct costs. Indirect costs must not exceed CDPH negotiated rates) | | \$42,600.00 |
| Used our approved ICR of 25% of total personnel costs. | | TOTAL Budget |
| | | \$309,337.00 |

\$309,337.00
\$0.00

| Year 2 | | | | | | |
|--|----------------------|---------|-------------------------------------|-------|---------------------|---------------------|
| 07/01/2023 through 06/30/2024 | | | | | | |
| Personnel | | | | | | |
| Position Title (add more lines as needed) | Monthly Salary Range | Monthly | Annual | FTE % | Months | Requested Amount |
| Health Educator (Project Director) | \$5,023-\$6,105 | \$5,538 | \$66,456 | 100% | 12 | \$66,456.00 |
| Health Program Specialist (Project Coordinator) | \$3,933-\$4,779 | \$4,335 | \$52,020 | 100% | 12 | \$52,020.00 |
| Total Personnel | | | | | | \$118,476.00 |
| Fringe Benefits @ | | 51.00% | Total Fringe Benefits | | \$60,423.00 | |
| | | | Total Personnel & Fringe | | \$178,899.00 | |
| Fringe Benefit range is 48% - 54% with an average of 51%. Fringe Benefits includes PERS, PERS Unfunded Accrued Liability (UAL), Medicare, Health Insurance, Unemployment Insurance, Long Term Disability, Workers Compensation Premium and Retired Health. | | | | | | |
| Operating Expenses | | | | | | |
| Office Supplies (paper, copier toner, pens, pencils, folders, binders, staplers, whiteboard, etc.) | | | | | | \$960.00 |
| Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | | | | | | \$4,000.00 |
| | | | | | | |
| | | | | | | |
| Total Operating Expenses | | | | | | \$4,960.00 |
| Equipment (Items over \$5,000 each) | | | | | | |
| | | | | | | \$0.00 |
| Total Equipment | | | | | | \$0.00 |
| Travel | | | | | | |
| Mileage formula: 2 project travelers x 150/miles/month x \$0.585/per mile x 12 months = \$2,106/mileage total. | | | | | | \$2,106.00 |
| OOH Travel/Training for statewide trainings/conferences and optional trainings/conferences (\$500-\$750 per person (\$350-\$550 for travel/per diem and \$150-\$200 for registration) for three staff to attend. | | | | | | \$2,035.00 |
| OOH Required Project Director Annual Meeting (Virtual, \$150-\$200 for registration) for two staff. | | | | | | \$400.00 |
| Total Travel | | | | | | \$4,541.00 |
| Subcontracts | | | | | | |
| El Dorado Community Health Center (EDCHC) Dental Van Case Management and Program Support | | | | | | \$30,000.00 |
| El Dorado Community Health Center (EDCHC) Dental Van Equipment and Maintenance | | | | | | \$20,000.00 |

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| Total Subcontracts | | | \$50,000.00 |
| Other Costs | | | |
| Educational Materials (brochures, pamphlets, posters, curriculum, training guides, videos, slides, signage, etc.) | | | \$10,913.00 |
| Behavior Modification Materials (BMM) (Gift Cards: 100/gift cards x \$25/per card = \$2,500 FY Total) | | | \$2,500.00 |
| Paid Media (bus shelter posters) | | | \$0.00 |
| Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 8,000 kits) | | | \$12,800.00 |
| Total Other Costs | | | \$26,213.00 |
| Subtotal | | | \$264,613.00 |
| Indirect Costs | 25% | Total Indirect Costs | \$44,724.00 |
| <small>(Specify percentage of personnel or direct costs. Indirect costs must not exceed CDPH negotiated rates)</small> | | | |
| Used our approved ICR of 25% of total personnel costs. | | | TOTAL Budget |
| | | | \$309,337.00 |

\$309,337.00
\$0.00

| Year 3 | | | | | | |
|--|----------------------|---------|------------------------------|-------|-------------------------------------|---------------------|
| 07/01/2024 through 06/30/2025 | | | | | | |
| Personnel | | | | | | |
| Position Title (add more lines as needed) | Monthly Salary Range | Monthly | Annual | FTE % | Months | Requested Amount |
| Health Educator (Project Director) | \$5,023-\$6,105 | \$5,815 | \$69,780 | 100% | 12 | \$69,780.00 |
| Health Program Specialist (Project Coordinator) | \$3,933-\$4,779 | \$4,552 | \$54,624 | 100% | 12 | \$54,624.00 |
| Total Personnel | | | | | | \$124,404.00 |
| Fringe Benefits @ | | 51.00% | Total Fringe Benefits | | \$63,447.00 | |
| | | | | | Total Personnel & Fringe | |
| \$187,851.00 | | | | | | |
| Fringe Benefit range is 48% - 54% with an average of 51%. Fringe Benefits includes PERS, PERS Unfunded Accrued Liability (UAL), Medicare, Health Insurance, Unemployment Insurance, Long Term Disability, Workers Compensation Premium and Retired Health. | | | | | | |
| Operating Expenses | | | | | | |
| Office Supplies (paper, copier toner, pens, pencils, folders, binders, staplers, whiteboard, etc.) | | | | | | \$960.00 |
| Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | | | | | | \$4,000.00 |
| Total Operating Expenses | | | | | | \$4,960.00 |
| Equipment (Items over \$5,000 each) | | | | | | |
| | | | | | | \$0.00 |
| Total Equipment | | | | | | \$0.00 |
| Travel | | | | | | |
| Mileage formula: 2 project travelers x 150/miles/month x \$0.585/per mile x 12 months = \$2,106/mileage total. | | | | | | \$2,106.00 |
| OOH Travel/Training for statewide trainings/conferences and optional trainings/conferences (\$500-\$750 per person (\$350-\$550 for travel/per diem and \$150-\$200 for registration) for three staff to attend. | | | | | | \$2,035.00 |
| OOH Required Project Director Annual Meeting (Virtual, \$150-\$200 for registration) for two staff. | | | | | | \$400.00 |
| Total Travel | | | | | | \$4,541.00 |
| Subcontracts | | | | | | |
| El Dorado Community Health Center (EDCHC) Dental Van Case Management and Program Support | | | | | | \$30,000.00 |
| El Dorado Community Health Center (EDCHC) Dental Van Equipment and Maintenance | | | | | | \$20,000.00 |
| Total Subcontracts | | | | | | \$50,000.00 |

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|---|--------------------------|-----------------------------|
| Other Costs | | |
| Educational Materials (brochures, pamphlets, posters, curriculum, training guides, videos, slides, signage, etc.) | | \$6,123.00 |
| Behavior Modification Materials (BMM) (Gift Cards: 100/gift cards x \$25/per card = \$2,500 FY Total) | | \$2,500.00 |
| Paid Media (bus shelter posters) | | \$0.00 |
| Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 4,000 kits) | | \$6,400.00 |
| | Total Other Costs | \$15,023.00 |
| | | |
| | Subtotal | \$262,375.00 |
| Indirect Costs | 25% | Total Indirect Costs |
| | | \$46,962.00 |
| (Specify percentage of personnel or direct costs. Indirect costs must not exceed CDPH negotiated rates) | | |
| Used our approved ICR of 25% of total personnel costs. | TOTAL Budget | \$309,337.00 |

\$309,337.00
\$0.00

| Year 4 | | | | | | |
|--|-------------------------|---------|-------------------------------------|-------|---------------------|---------------------|
| 07/01/2025 through 06/30/2026 | | | | | | |
| Personnel | | | | | | |
| Position Title (add more lines as needed) | Monthly Salary Range | Monthly | Annual | FTE % | Months | Requested Amount |
| Health Educator (Project Director) | \$5,023-\$6,105 | \$6,105 | \$73,260 | 100% | 12 | \$73,260.00 |
| Health Program Specialist (Project Coordinator) | \$3,933-\$4,779 | \$4,779 | \$57,348 | 100% | 12 | \$57,348.00 |
| Total Personnel | | | | | | \$130,608.00 |
| Fringe Benefits @ | | 51.00% | Total Fringe Benefits | | \$66,611.00 | |
| | | | Total Personnel & Fringe | | \$197,219.00 | |
| Fringe Benefit range is 48% - 54% with an average of 51%. Fringe Benefits includes PERS, PERS Unfunded Accrued Liability (UAL), Medicare, Health Insurance, Unemployment Insurance, Long Term Disability, Workers Compensation Premium and Retired Health. | | | | | | |
| Operating Expenses | | | | | | |
| Office Supplies (paper, copier toner, pens, pencils, folders, binders, staplers, whiteboard, etc.) | | | | | | \$960.00 |
| Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | | | | | | \$4,000.00 |
| Total Operating Expenses | | | | | | \$4,960.00 |
| Equipment (Items over \$5,000 each) | | | | | | |
| | | | | | | \$0.00 |
| Total Equipment | | | | | | \$0.00 |
| Travel | | | | | | |
| Mileage formula: 2 project travelers x 150/miles/month x \$0.585/per mile x 12 months = \$2,106/mileage total. | | | | | | \$2,106.00 |
| OOH Travel/Training for statewide trainings/conferences and optional trainings/conferences (\$500-\$750 per person (\$350-\$550 for travel/per diem and \$150-\$200 for registration) for three staff to attend. | | | | | | \$2,035.00 |
| OOH Required Project Director Annual Meeting (Virtual, \$150-\$200 for registration) for two staff. | | | | | | \$400.00 |
| Total Travel | | | | | | \$4,541.00 |
| Subcontracts | | | | | | |
| El Dorado Community Health Center (EDCHC) Dental Van Case Management and Program Support | | | | | | \$25,000.00 |
| El Dorado Community Health Center (EDCHC) Dental Van Equipment and Maintenance | | | | | | \$15,000.00 |

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| Total Subcontracts | | \$40,000.00 |
| Other Costs | | |
| Educational Materials (brochures, pamphlets, posters, curriculum, training guides, videos, slides, signage, etc.) | | \$4,413.00 |
| Behavior Modification Materials (BMM) (Gift Cards: 100/gift cards x \$25/per card = \$2,500 FY Total) | | \$2,500.00 |
| Paid Media (bus shelter posters) | | \$0.00 |
| Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 4,000 kits) | | \$6,400.00 |
| Total Other Costs | | \$13,313.00 |
| Subtotal | | \$260,033.00 |
| Indirect Costs | 25% | Total Indirect Costs |
| (Specify percentage of personnel or direct costs. Indirect costs must not exceed CDPH negotiated rates) | | \$49,304.00 |
| Used our approved ICR of 25% of total personnel costs. | | TOTAL Budget |
| | | \$309,337.00 |

\$309,337.00
\$0.00

| Year 5 | | | | | | |
|--|-------------------------|---------|------------------------------|-------|-------------------------------------|---------------------|
| 07/01/2026 through 06/30/2027 | | | | | | |
| Personnel | | | | | | |
| Position Title (add more lines as needed) | Monthly Salary Range | Monthly | Annual | FTE % | Months | Requested Amount |
| Health Educator (Project Director) | \$5,023-\$6,105 | \$6,105 | \$73,260 | 100% | 12 | \$73,260.00 |
| Health Program Specialist (Project Coordinator) | \$3,933-\$4,779 | \$4,779 | \$57,348 | 100% | 12 | \$57,348.00 |
| Total Personnel | | | | | | \$130,608.00 |
| Fringe Benefits @ | | 51.00% | Total Fringe Benefits | | \$66,611.00 | |
| | | | | | Total Personnel & Fringe | |
| \$197,219.00 | | | | | | |
| Fringe Benefit range is 48% - 54% with an average of 51%. Fringe Benefits includes PERS, PERS Unfunded Accrued Liability (UAL), Medicare, Health Insurance, Unemployment Insurance, Long Term Disability, Workers Compensation Premium and Retired Health. | | | | | | |
| Operating Expenses | | | | | | |
| Office Supplies (paper, copier toner, pens, pencils, folders, binders, staplers, whiteboard, etc.) | | | | | | \$960.00 |
| Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | | | | | | \$4,000.00 |
| | | | | | | |
| | | | | | | |
| Total Operating Expenses | | | | | | \$4,960.00 |
| Equipment (Items over \$5,000 each) | | | | | | |
| | | | | | | \$0.00 |
| Total Equipment | | | | | | \$0.00 |
| Travel | | | | | | |
| Mileage formula: 2 project travelers x 150/miles/month x \$0.585/per mile x 12 months = \$2,106/mileage total. | | | | | | \$2,106.00 |
| OOH Travel/Training for statewide trainings/conferences and optional trainings/conferences (\$500-\$750 per person (\$350-\$550 for travel/per diem and \$150-\$200 for registration) for three staff to attend. | | | | | | \$2,035.00 |
| OOH Required Project Director Annual Meeting (Virtual, \$150-\$200 for registration) for two staff. | | | | | | \$400.00 |
| Total Travel | | | | | | \$4,541.00 |
| Subcontracts | | | | | | |
| El Dorado Community Health Center (EDCHC) Dental Van Case Management and Program Support | | | | | | \$25,000.00 |
| El Dorado Community Health Center (EDCHC) Dental Van Equipment and Maintenance | | | | | | \$15,000.00 |

| | | |
|---|------------|-----------------------------|
| Total Subcontracts | | \$40,000.00 |
| Other Costs | | |
| Educational Materials (brochures, pamphlets, posters, curriculum, training guides, videos, slides, signage, etc.) | | \$4,413.00 |
| Behavior Modification Materials (BMM) (Gift Cards: 100/gift cards x \$25/per card = \$2,500 FY Total) | | \$2,500.00 |
| Paid Media (bus shelter posters) | | \$0.00 |
| Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 4,000 kits) | | \$6,400.00 |
| Total Other Costs | | \$13,313.00 |
| Subtotal | | \$260,033.00 |
| Indirect Costs | 25% | Total Indirect Costs |
| (Specify percentage of personnel or direct costs. Indirect costs must not exceed CDPH negotiated rates) | | \$49,304.00 |
| Used our approved ICR of 25% of total personnel costs. | | TOTAL Budget |
| | | \$309,337.00 |

\$309,337.00
\$0.00

PERSONNEL

Vacant - Health Educator

Year 1: \$63,300 Year 2: \$66,456 Year 3: \$69,780 Year 4: \$73,260 Year 5: \$73,260

| | |
|--|------------------|
| <p>The Health Educator will serve as the Project Director for the Oral Health Program and is responsible for ensuring all program goals and objectives are met within the work plan. The Project Director will provide trainings, coordinate committee/coalition/partnership meetings and activities, implement on-going related Oral Health activities, conduct program related assessments and evaluations, and provide overall oversight.</p> | <p>\$346,056</p> |
|--|------------------|

Vacant - Health Program Specialist

Year 1: \$49,548 Year 2: \$52,020 Year 3: \$54,624 Year 4: \$57,348 Year 5: \$57,348

| | |
|---|------------------|
| <p>The Health Program Specialist will be responsible for duties as identified on the Work Plan including implementing on-going Oral Health activities and coordinating prevention related activities with Community partners.</p> | <p>\$270,888</p> |
|---|------------------|

Theresa Fagouri - Acting Supervising Health Education Coordinator

Year 1: \$0 Year 2: \$0 Year 3: \$0 Year 4: \$0 Year 5: \$0

| | |
|--|------------|
| <p>The Supervising Health Education Coordinator is responsible for supervision of the Health Educator and Health Program Specialist and will provide support and necessary oversight for the program. This position is currently funded under the Public Health Department. Funding under the Oral Health Grant is currently not required and in kind.</p> | <p>\$0</p> |
|--|------------|

Total Salaries \$616,944

FRINGE BENEFITS

| | | | | | | | | |
|--|--------|--|--|--|--|--|--|-----------|
| 5 Year Fringe Benefits Total @ 51% (Retirement (PERS, PERS Unfunded Accrued Liability (UAL)), Medicare, Health Insurance, Unemployment Insurance, Long Term Disability, Workers Compensation Premium and Retired Health.) | 51.00% | | | | | | | \$314,645 |
|--|--------|--|--|--|--|--|--|-----------|

Total Personnel \$931,589

OPERATING

Description:

| | | |
|---------|--|-----|
| Years 1 | | \$0 |
| Years 2 | | \$0 |
| Years 3 | | \$0 |
| Years 4 | | \$0 |
| Years 5 | | \$0 |
| | | \$0 |

Office Supplies

| | | |
|---|------------------------------|-------|
| Description: Office Supplies include paper, copier toner, pens, pencils, folders, binders, staples, mouse pads, stapler, tape, erasers, note pads, highlighters, paperclips, surge protectors, etc. | | |
| Year 1 | \$80/mo. x 12 months = \$960 | \$960 |

| | | |
|--------|------------------------------|-------|
| Year 2 | \$80/mo. x 12 months = \$960 | \$960 |
| Year 3 | \$80/mo. x 12 months = \$960 | \$960 |
| Year 4 | \$80/mo. x 12 months = \$960 | \$960 |
| Year 5 | \$80/mo. x 12 months = \$960 | \$960 |

\$4,800

Communications

| | | |
|--|--|-----|
| Description: Website fees (domain registration, site hosting, and website maintenance), and network connection fees are in-kind. | | |
| Year 1 | | \$0 |
| Year 2 | | \$0 |
| Year 3 | | \$0 |
| Year 4 | | \$0 |
| Year 5 | | \$0 |

\$0

Printing

| | | |
|---|---|---------|
| Description: Printing and reproduction for items such as brochures, posters, forms, banners and other items needed for education and media placements, etc. | | |
| Year 1 | Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | \$4,000 |
| Year 2 | Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | \$4,000 |

| | | |
|--------|---|---------|
| Year 3 | Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | \$4,000 |
| Year 4 | Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | \$4,000 |
| Year 5 | Printing (brochures, leaflets, posters, forms, flyers, announcements, banners, etc.) (\$500-\$1,000/per print job x 4 projects = \$4,000). | \$4,000 |

\$20,000

Other Category

| | | |
|---|---|---------|
| Minor equipment (includes laptop, docking station, two monitors, wireless keyboard and mouse, laptop bag, headphones, software (Adobe Pro)). | | |
| Year 1 | Minor equipment (includes laptop (\$1,600), docking station (\$300), two monitors (\$500), wireless keyboard and mouse (\$100), laptop bag (\$100), headphones (\$100), software (Adobe Pro) (\$300) for Health Educator and Health Program Specialist. | \$6,000 |
| Year 2 | | \$0 |
| Year 3 | | \$0 |
| Year 4 | | \$0 |
| Year 5 | | \$0 |

\$6,000

Other Category

| |
|--------------------|
| Description |
|--------------------|

| | | |
|--------|--|-----|
| Year 1 | | \$0 |
| Year 2 | | \$0 |
| Year 3 | | \$0 |
| Year 4 | | \$0 |
| Year 5 | | \$0 |

\$0

Operating Expenses Total \$30,800

EQUIPMENT

| | | |
|---|--|------------|
| Description: No equipment has been identified as being needed in order to implement the work plan. | | |
| Year 1 | | \$0 |
| Year 2 | | \$0 |
| Year 3 | | \$0 |
| Year 4 | | \$0 |
| Year 5 | | \$0 |
| Total Equipment | | \$0 |

TRAVEL

Year 1

| OOH Travel/Training | | |
|--|----------------------------------|----------------|
| The Supervising Health Education Coordinator, Health Educator (Project Director) and Health Program Specialist (Project Coordinator) will attend statewide trainings/conferences and optional trainings/conferences. | | |
| Lodging | \$ 90/night x 3 nights x 3 staff | \$810 |
| Per Diem (meals) | \$ 46/day x 3 days x 3 staff | \$414 |
| Mileage | 360 miles x \$0.585/mile | \$211 |
| Registration | \$ 200 x 3 staff | \$600 |
| Event Total | | \$2,035 |

| Annual Meeting | | |
|---|---------------------------------|--------------|
| The Supervising Health Education Coordinator and Health Educator (Project Director) will attend the required annual meeting such as the Director's Meeting. The budget indicates the annual meetings will be virtual. | | |
| Lodging | \$ 0/night x 0 nights x 2 staff | \$0 |
| Per Diem (meals) | \$ 0/day x 0 days x 2 staff | \$0 |
| Mileage | 0 miles x \$0. 0.585/mile | \$0 |
| Registration | \$ 200 x 2 staff | \$400 |
| Event Total | | \$400 |

Year 1 Total \$2,435

Year 2

| OOH Travel/Training | | |
|--|----------------------------------|---------|
| The Supervising Health Education Coordinator, Health Educator (Project Director) and Health Program Specialist (Project Coordinator) will attend statewide trainings/conferences and optional trainings/conferences. | | |
| Lodging | \$ 90/night x 3 nights x 3 staff | \$810 |
| Per Diem (meals) | \$ 46/day x 3 days x 3 staff | \$414 |
| Mileage | 360 miles x \$0.585/mile | \$211 |
| Registration | \$ 200 x 3 staff | \$600 |
| Event Total | | \$2,035 |

| Annual Meeting | | |
|--|---------------------------------|-------|
| The Supervising Health Education Coordinator and Health Educator (Project Director) will attend the required annual meeting such as the Director's Meeting. The budget indicates it will be a virtual meeting. | | |
| Lodging | \$ 0/night x 0 nights x 2 staff | \$0 |
| Per Diem (meals) | \$ 0/day x 0 days x 2 staff | \$0 |
| Mileage | 0 miles x \$0. 0.585/mile | \$0 |
| Registration | \$ 200 x 2 staff | \$400 |
| Event Total | | \$400 |

Year 2 Total \$2,435

Year 3

| OOH Travel/Training | | |
|--|----------------------------------|----------------|
| The Supervising Health Education Coordinator, Health Educator (Project Director) and Health Program Specialist (Project Coordinator) will attend statewide trainings/conferences and optional trainings/conferences. | | |
| Lodging | \$ 90/night x 3 nights x 3 staff | \$810 |
| Per Diem (meals) | \$ 46/day x 3 days x 3 staff | \$414 |
| Mileage | 360 miles x \$0.585/mile | \$211 |
| Registration | \$ 200 x 3 staff | \$600 |
| Event Total | | \$2,035 |

| Annual Meeting | | |
|--|---------------------------------|--------------|
| The Supervising Health Education Coordinator and Health Educator (Project Director) will attend the required annual meeting such as the Director's Meeting. The budget indicates it will be a virtual meeting. | | |
| Lodging | \$ 0/night x 0 nights x 2 staff | \$0 |
| Per Diem (meals) | \$ 0/day x 0 days x 2 staff | \$0 |
| Mileage | 0 miles x \$0. 0.585/mile | \$0 |
| Registration | \$ 200 x 2 staff | \$400 |
| Event Total | | \$400 |

Year 3 Total \$2,435

Year 4

| OOH Travel/Training | | |
|--|----------------------------------|----------------|
| The Supervising Health Education Coordinator, Health Educator (Project Director) and Health Program Specialist (Project Coordinator) will attend statewide trainings/conferences and optional trainings/conferences. | | |
| Lodging | \$ 90/night x 3 nights x 3 staff | \$810 |
| Per Diem (meals) | \$ 46/day x 3 days x 3 staff | \$414 |
| Mileage | 360 miles x \$0.585/mile | \$211 |
| Registration | \$ 200 x 3 staff | \$600 |
| Event Total | | \$2,035 |

| Annual Meeting | | |
|--|---------------------------------|--------------|
| The Supervising Health Education Coordinator and Health Educator (Project Director) will attend the required annual meeting such as the Director's Meeting. The budget indicates it will be a virtual meeting. | | |
| Lodging | \$ 0/night x 0 nights x 2 staff | \$0 |
| Per Diem (meals) | \$ 0/day x 0 days x 2 staff | \$0 |
| Mileage | 0 miles x \$0. 0.585/mile | \$0 |
| Registration | \$ 200 x 2 staff | \$400 |
| Event Total | | \$400 |

Year 4 Total \$2,435

Year 5

| OOH Travel/Training | | |
|--|----------------------------------|----------------|
| The Supervising Health Education Coordinator, Health Educator (Project Director) and Health Program Specialist (Project Coordinator) will attend statewide trainings/conferences and optional trainings/conferences. | | |
| Lodging | \$ 90/night x 3 nights x 3 staff | \$810 |
| Per Diem (meals) | \$ 46/day x 3 days x 3 staff | \$414 |
| Mileage | 360 miles x \$0.585/mile | \$211 |
| Registration | \$ 200 x 3 staff | \$600 |
| Event Total | | \$2,035 |

| Annual Meeting | | |
|--|---------------------------------|--------------|
| The Supervising Health Education Coordinator and Health Educator (Project Director) will attend the required annual meeting such as the Director's Meeting. The budget indicates it will be a virtual meeting. | | |
| Lodging | \$ 0/night x 0 nights x 2 staff | \$0 |
| Per Diem (meals) | \$ 0/day x 0 days x 2 staff | \$0 |
| Mileage | 0 miles x \$0. 0.585/mile | \$0 |
| Registration | \$ 200 x 2 staff | \$400 |
| Event Total | | \$400 |

Year 5 Total \$2,435

Travel Total \$12,175

Mileage

| | | |
|--|--|----------|
| Mileage to Oral Health Access Collaborative meetings, trainings, outreach and education events, etc. | | |
| Year 1 | 300 miles/mo. x \$0.585/mile x 12 months = | \$2,106 |
| Year 2 | 300 miles/mo. x \$0.585/mile x 12 months = | \$2,106 |
| Year 3 | 300 miles/mo. x \$0.585/mile x 12 months = | \$2,106 |
| Year 4 | 300 miles/mo. x \$0.585/mile x 12 months = | \$2,106 |
| Year 5 | 300 miles/mo. x \$0.585/mile x 12 months = | \$2,106 |
| | | \$10,530 |

SUBCONTRACTS/CONSULTANTS

Year 1

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. Schools enrolled in the program are schools with 50% or greater enrollment in the Free and Reduced Price Meal Program (FRPMP). The contract is in place to support case management services for the School-Based Dental Program, both the dental van and mobile equipment programs. EDCHC currently lacks resources to case manage children from the school-based program who have been identified as needing restorative services. A part-time case manager is needed to ensure restorative services are completed as well as preventative services provided in a timely manner.

To support case management services for the School-Based Dental Program.

| | | |
|------------|---|----------|
| hours x \$ | = | \$30,000 |
|------------|---|----------|

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. The contract allows for the purchase of additional dental van equipment and supplies to augment the dental van capabilities, as well as the maintenance of the dental van equipment.

Dental Van Equipment, Supplies and Maintenance

| | |
|--------------|----------|
| hours x \$ = | \$20,000 |
|--------------|----------|

Year 1 Total \$50,000

Year 2

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. Schools enrolled in the program are schools with 50% or greater enrollment in the Free and Reduced Price Meal Program (FRPMP). The contract is in place to support case management services for the School-Based Dental Program, both the dental van and mobile equipment programs. EDCHC currently lacks resources to case manage children from the school-based program who have been identified as needing restorative services. A part-time case manager is needed to ensure restorative services are completed as well as preventative services provided in a timely manner.

To support case management services for the School-Based Dental Program.

| | |
|--------------|----------|
| hours x \$ = | \$30,000 |
|--------------|----------|

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. The contract allows for the purchase of additional dental van equipment and supplies to augment the dental van capabilities, as well as the maintenance of the dental van equipment.

Dental Van Equipment, Supplies and Maintenance

hours x \$ =

\$20,000

Year 2 Total \$50,000

Year 3

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. Schools

To support case management services for the School-Based Dental Program.

hours x \$ =

\$30,000

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. The contract allows for the purchase of additional dental van equipment and supplies to augment the dental van capabilities, as well as the maintenance of the dental van equipment.

Dental Van Equipment, Supplies and Maintenance

hours x \$ =

\$20,000

Year 3 Total \$50,000

Year 4

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. Schools enrolled in the program are schools with 50% or greater enrollment in the Free and Reduced Price Meal Program (FRPMP). The contract is in place to support case management services for the School-Based Dental Program, both the dental van and mobile equipment programs. EDCHC currently lacks resources to case manage children from the school-based program who have been identified as needing restorative services. A part-time case manager is needed to ensure restorative services are completed as well as preventative services provided in a timely manner.

To support case management services for the School-Based Dental Program.

| | |
|--------------------------|------------------------|
| <p>hours x \$ =</p> | <p>\$25,000</p> |
|--------------------------|------------------------|

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. The contract allows for the purchase of additional dental van equipment and supplies to augment the dental van capabilities, as well as the maintenance of the dental van equipment.

Dental Van Equipment, Supplies and Maintenance

| | |
|--------------------------|------------------------|
| <p>hours x \$ =</p> | <p>\$15,000</p> |
|--------------------------|------------------------|

Year 4 Total \$40,000

Year 5

El Dorado Community Health Center (EDCHC)

dental van. The dental van provides preventative dental services at select area schools within the County. Schools enrolled in the program are schools with 50% or greater enrollment in the Free and Reduced Price Meal Program (FRPMP). The contract is in place to support case management services for the School-Based Dental Program, both the dental van and mobile equipment programs. EDCHC currently lacks resources to case manage children from the school-based program who have been identified as needing restorative services. A part-time case manager is needed

To support case management services for the School-Based Dental Program.

hours x \$ =

\$25,000

El Dorado Community Health Center (EDCHC)

The EDCHC is the only organization within the County that currently operates a mobile prevention program, via a dental van. The dental van provides preventative dental services at select area schools within the County. The contract allows for the purchase of additional dental van equipment and supplies to augment the dental van capabilities, as well as the maintenance of the dental van equipment.

Dental Van Equipment, Supplies and Maintenance

hours x \$ =

\$15,000

Year 5 Total \$40,000

Consultant Total \$230,000

OTHER COSTS

Education Materials

Brochures, pamphlets, posters, curriculum, training guides, videos, slides, flip charts, signage, etc.

| | | |
|--------|--|----------|
| Year 1 | Educational materials necessary for Work Plan activities including classroom education, surveillance screening and required Kindergarten dental exams (gloves, mouth mirrors, toothbrush kits, fluoride varnish, dental puppets, etc.) | \$7,535 |
| Year 2 | Educational materials necessary for Work Plan activities including classroom education, surveillance screening and required Kindergarten dental exams (gloves, mouth mirrors, toothbrush kits, fluoride varnish, dental puppets, etc.) | \$10,913 |
| Year 3 | Educational materials necessary for Work Plan activities including classroom education, surveillance screening and required Kindergarten dental exams (gloves, mouth mirrors, toothbrush kits, fluoride varnish, dental puppets, etc.) | \$6,123 |
| Year 4 | Educational materials necessary for Work Plan activities including classroom education, surveillance screening and required Kindergarten dental exams (gloves, mouth mirrors, toothbrush kits, fluoride varnish, dental puppets, etc.) | \$4,413 |
| Year 5 | Educational materials necessary for Work Plan activities including classroom education, surveillance screening and required Kindergarten dental exams (gloves, mouth mirrors, toothbrush kits, fluoride varnish, dental puppets, etc.) | \$4,413 |

\$33,397

Behavior Modification Materials (

Gift Cards (100/gift cards x \$25/per card = \$2,500 FY total)

| | | |
|--------|---|---------|
| Year 1 | \$2,500 for one hundred \$25 gift cards for program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in oral health activities. | \$2,500 |
| Year 2 | \$2,500 for one hundred \$25 gift cards for program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in oral health activities. | \$2,500 |

| | | |
|--------|---|---------|
| Year 3 | \$2,500 for one hundred \$25 gift cards for program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in oral health activities. | \$2,500 |
| Year 4 | \$2,500 for one hundred \$25 gift cards for program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in oral health activities. | \$2,500 |
| Year 5 | \$2,500 for one hundred \$25 gift cards for program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in oral health activities. | \$2,500 |

\$12,500

Paid Media

Description: Bus Shelter Posters

| | | |
|--------|--|---------|
| Year 1 | Include bus shelter posters (\$400-\$1,000/each) | \$8,000 |
| Year 2 | | \$0 |
| Year 3 | | \$0 |
| Year 4 | | \$0 |
| Year 5 | | \$0 |

\$8,000

Toothbrush kits

To purchase tooth brushing supplies to support partner programs. Kits include age appropriate toothbrush, fluoride toothpaste, floss, bag and sticker or other tooth brushing promotional item. Cost per kit is estimated at \$1.60.

| | | |
|--------|---|----------|
| Year 1 | Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 8,000 kits) | \$12,800 |
| Year 2 | Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 8,000 kits) | \$12,800 |

| | | |
|--------|---|-----------------|
| Year 3 | Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 4,000 kits) | \$6,400 |
| Year 4 | Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 4,000 kits) | \$6,400 |
| Year 5 | Toothbrush kits ((toothbrush, toothpaste, floss) \$1.60 kit x 4,000 kits) | \$6,400 |
| | | \$44,800 |
| | Total Other Costs | \$98,697 |

INDIRECT COSTS

CDPH approved indirect cost rate for our County is 25% of total salaries and benefits.

| | | |
|--------|--|----------|
| Year 1 | | \$42,600 |
| Year 2 | | \$44,724 |
| Year 3 | | \$46,962 |
| Year 4 | | \$49,304 |
| Year 5 | | \$49,304 |

| | | |
|--|----------------------------|--------------------|
| Total Indirect Costs over 5 years = | | \$232,894 |
| | Total 5 Year Budget | \$1,546,685 |
| | | \$1,546,685 |

\$0

Grantee Information Form

| | | |
|------------------|---|--|
| Organization | This is the information that will appear in your grant agreement. | |
| | Federal Tax ID # | <u>94-6000511</u> |
| | Name | <u>County of El Dorado, Health and Human Services Agency</u> |
| | Mailing Address | <u>3057 Briw Road, Suite B, Placerville, CA 95667</u> |
| | Street Address (If Different) | _____ |
| | County | <u>El Dorado</u> |
| | Phone | <u>(530) 642-7300</u> Fax <u>(530) 653-2229</u> |
| Website | <u>www.edcgov.us/Government/HHSA</u> | |
| Grant Signatory | The Grant Signatory has authority to sign the grant agreement cover. | |
| | Name | <u>Daniel Del Monte</u> |
| | Title | <u>Interim Director, Health and Human Services Agency</u> |
| | If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/> | |
| | Mailing Address | _____ |
| | Street Address (If Different) | _____ |
| | Phone | <u>(530) 295-6907</u> |
| Email | <u>daniel.delmonte@edcgov.us</u> | |
| Project Director | The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information. | |
| | Name | <u>Theresa Fagouri</u> |
| | Title | <u>Acting, Supervising Health Education Coordinator</u> |
| | Supervisor Name and Title | <u>Kristin Becker, Program Manager</u> |
| | Supervisor Email and Phone | <u>Kristin.becker@edcgov.us, 530-642-7132</u> |
| | If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/> | |
| | Mailing Address | <u>931 Spring Street, Placerville, CA 95667</u> |
| | Street Address (If Different) | _____ |
| | Phone | <u>530-621-6105</u> Fax <u>530-663-8424</u> |
| Email | <u>Theresa.fagouri@edcgov.us</u> | |
| Funding | These are the annual Funding amounts your LHJ will accept for grant purposes. | |
| | Year 1 (FY 22/23) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 2 (FY 23/24) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 3 (FY 24/25) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 4 (FY 25/26) | \$309,337 (includes El Dorado County and Alpine County) |
| | Year 5 (FY 26/27) | \$309,337 (includes El Dorado County and Alpine County) |

Narrative Summary Form

El Dorado County Health and Human Services Agency, Public Health Division

El Dorado County (EDC) is a rural county with 193,651 people located East of Sacramento in the Northern California area and to the West of the state of Nevada. EDC encompasses 1,805 square miles and is divided into two incorporated cities, Placerville and South Lake Tahoe ranging in population from 10,383 to 21,448. The remainder of the county's 161,820 residents live in the unincorporated rural areas of the county. The racial and ethnic make-up of the population is approximately 86.51% non-Hispanic/White (includes 4.89% Asian, 1% African American and 4.53% other) and 13.49% Hispanic/Latino. A little more than 20% of the population is under the age of 18, and 20% of the population is over 65 years of age. The Federal Poverty Level (100% to 184%) is 10% less than the state average of 15%. The socioeconomic status of its residents is higher than the median in California, however significant disparities and vulnerabilities exist in oral health and health care depending on one's household income, educational level, native language, and country of origin. Children ages 1-18, (97%) have health insurance and 32.4% are enrolled in Medi-Cal—with 16.3% of children living in food insecure households. The pharyngeal cancer incidence rate in EDC is 12.79 cases per 100,000 and 92.3% of children have had a dental visit within the past 12 months. There are 78 dentists/100,000 population. Despite having access to dental insurance, only 17% of Medi-Cal certified eligible 1-2 years old and 42% of 3-5 years old had a dental visit (2016), compared with a state average of 24 and 47% respectively. Per CDPH, emergency department visits for non-traumatic dental conditions in EDC for 2017-2019: 3-5 years old 367.6 per 100,000, 6-9 years old 338 per 100,000, and 10-13 years old 117.5 per 100,000.

Alpine County is a small rural county with 1,129 people, making it California's least populous County. The county seat and largest community is Markleeville which neighbors the South Lake Tahoe basin in EDC. The racial make-up of the county is 73.7% non-Hispanic/White (includes 0.3% Asian, 0.1% Pacific Islander, 0.6% African American, 7.8% Hispanic/Latino and 6.6.5% other) and 18.9% Native American (Washo). There are 483 households, out of which 25.5% have children under the age of 18 and 5.4% have someone 65 years of age or older living with them. Alpine County has 163 children 0-18 of age of which 30% live in poverty. Children enrolled in Medi-Cal is unknown—19.1% are living in food insecure households.

According to 2021 County Health Rankings & Roadmaps—EDC ranks 11 in California for health outcome, 10 in health factors and Alpine County rated 32 in California for outcome with 44 for factors. Some of the disparities between the two neighbor counties—Alpine has one general store, one gas station and no medical/dental providers located within the county. Alpine residents must drive to the state of Nevada and/or the South Lake Tahoe basin for services—even to meet their basic needs.

EDC established the Local Oral Health Program (LOHP) operating at the County level for the grant cycle 2017-2022. All activities were met in Objective 1 through Objective 9 (with 8, 10 & 11 as non-deliverables) including an oral health needs assessment and outreach plan, 15 key informant interviews and the evaluation plan. The fundamental

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activities were seeded and the foundation created for the program during the grant cycle 2017-2022. K-6 schools were identified in the 2019-20 school year based on 50% or higher Free and Reduced Price Meal Program (FRPM) participation. The number of children served were identified by the percent of students on FRPM. Ongoing surveillance continued, even with the COVID-19 pandemic in 2020-21. The El Dorado Community Health Centers continues to monitor children's status/retention check-ups via care coordination and in-person visits. Referral lists were disseminated to school nurses and sent home in toothbrush kits/school lunch bags to students during oral health education and/or assessment events and throughout the closure of schools due to COVID-19. A drive-thru KOHA screening was piloted at two Lake Tahoe Unified School district elementary schools. With the support of local dentists and their staff and schools, drive thru protocols for safely conducting oral health exams were developed during the COVID-19 pandemic.

EDC will serve as a Legacy Program for the grant cycle 2022-2027, as well as the Lead Agency in the Consortium with Alpine County as many Alpine residents seek services in El Dorado. The program has evolved to expand the following five areas: oral health education, dental disease prevention, access to dental care, local oral health data collection, and outreach and case management services into the community by building strategic partnerships and leveraging partner's relationships with parents and caregivers.

The new grant cycle will provide an opportunity to have a concentrated focus and implementation on Objectives 1-3 and Objectives 6 and 7 with the expansion of reaching pregnant mothers through local medical providers. Continuation of reaching children 0-5 years through Child Development/Head Start programs and First 5 and WIC, as well as elementary school age children (with a focus on T/K, K & 2/3 grades) that are FRPM eligible, Medi-Cal and CalFresh eligible. Increased oral health education and messaging is needed to keep children out of the ER for dental needs. As well as, increased referrals to community-clinical linkages for disease treatment, management and surveillance. A challenge we encountered was in educating the public that dental offices are safe during the COVID-19 pandemic. There was a significant decrease in routine preventative care and an increase in emergency access needs.

The County will use the LOHP grant funds to focus primarily on the following strategies:

- Expand community partnership and infrastructure capacity to achieve oral health improvements through the existing Advisory Committee.
- Expand community outreach and education efforts to improve awareness of available oral-health services, increase disease prevention within populations in need and prioritize underserved areas and vulnerable populations.
- Expand community-clinical linkages for disease treatment including referral management and surveillance.
- Implement evidence-based prevention models and activities with a focus on reducing oral health disparities among school-aged children.

Supplemental Submission Checklist

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|---|---|
| DUE: 01/31/22 | |
| DATE OF SUBMISSION: | 1/26/2022 |
| ORGANIZATION NAME: | County of El Dorado, Health and Human Services Agency |
| APPLICATION CONTACT NAME: Kristin Becker | PHONE NUMBER: 530-642-7132 |
| EMAIL ADDRESS: <u>Kristin.Becker@edcgov.us</u> | |

Complete this Supplemental Submission Checklist and email it along with the following documents to: DentalDirector@cdph.ca.gov by 01/31/22

APPLICATION CONTENTS:**Please Check**

Supplemental Submission Checklist (This form, Document E)
Detailed Budget and Justification (Document F)

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Daniel Del Monte
Interim Director

3057 Briw Road, Suite B
Placerville, CA 95667



AGENCY DIVISIONS

Administration & Finance
Behavioral Health
Community Services
Protective Services
Public Health
Self-Sufficiency

Via certified mail: 7017 3040 0000 4307 2178

June 23, 2022

County of Alpine
75 A Diamond Valley Road
Markleeville, CA 96120
Attn: Tim Streeper

Re: Memorandum of Understanding #6294, by and between the County of El Dorado and County of Alpine

Enclosed please find one (1) original MOU #6294 and two (2) additional signature pages, suitable for execution. If you could please sign all three signature pages and return one original to me at the address indicated above, we will finalize processing the Agreement. The two other originals are for your records

The term of the MOU covers the dates of July 1, 2022, through June 30, 2027, and there is no remuneration between Parties.

Thank you for working with us to develop and execute this MOU. If you have any questions regarding this MOU, please feel free to contact me directly at 95300 642-7373 or darci.prall@edcgov.us and I will assist you to obtain a response.

Kind regards,

Darci Prall
Department Analyst
County of El Dorado
Health and Human Services Agency